State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

**Product Name:** DC GHMSI Small Group Eff 201801 - ACA **Project Name/Number:** DC GHMSI SG ACA ON-EXCHANGE/2169

## Filing at a Glance

Company: Group Hospitalization and Medical Services, Inc.

Product Name: DC GHMSI Small Group Eff 201801 - ACA

State: District of Columbia

TOI: H16G Group Health - Major Medical Sub-TOI: H16G.003A Small Group Only - PPO

Filing Type: Rate

Date Submitted: 05/01/2017

SERFF Tr Num: CFAP-131010712

SERFF Status: Assigned

State Tr Num:

State Status:

Co Tr Num: 2169

Implementation 01/01/2018

Date Requested:

Author(s): Dwayne Lucado, Anna Guloy, Shane Kontir, Cory Bream, Patrick Getts, Britney Tyler, Scott

Cremens, Paul Fruth, Joshua Phelps

Reviewer(s): Efren Tanhehco (primary), John Morgan, Damon Siler, Dave Dillon

Disposition Date:
Disposition Status:
Implementation Date:

State Filing Description:

State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

DC GHMSI Small Group Eff 201801 - ACA Product Name: Project Name/Number: DC GHMSI SG ACA ON-EXCHANGE/2169

## **General Information**

Project Name: DC GHMSI SG ACA ON-EXCHANGE Status of Filing in Domicile: Pending

Project Number: 2169 Date Approved in Domicile: **Domicile Status Comments:** Requested Filing Mode: Review & Approval

Explanation for Combination/Other: Market Type: Group

Submission Type: New Submission Group Market Size: Small Overall Rate Impact: 15.3% Group Market Type: Employer

Filing Status Changed: 05/02/2017

State Status Changed: Deemer Date:

Created By: Shane Kontir Submitted By: Shane Kontir

Corresponding Filing Tracking Number:

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

No Include Exchange Intentions:

Filing Description:

This filing contains the rate proposal for the portfolio of benefits to be offered by Group Hospitalization & Medical Services, Inc. to Small Groups on the D.C. Exchange. We are submitting 15 benefit plans on the D.C. Exchange.

# Company and Contact

## **Filing Contact Information**

Dwayne Lucado, Assistant Actuary dwayne.lucado@carefirst.com

10455 Mill Run Circle 410-998-7519 [Phone] 410-998-7704 [FAX] Owings Mills, MD 21117

#### **Filing Company Information**

Group Hospitalization and Medical CoCode: 53007 State of Domicile: District of

Services, Inc. Columbia Group Code:

840 First Street NE Company Type: Hospital, Group Name: Medical & Dental Service or Washington, DC 20065 FEIN Number: 53-0078070

Indemnity (410) 581-3000 ext. [Phone]

State ID Number:

# **Filing Fees**

No Fee Required? No Retaliatory?

Fee Explanation:

State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name:DC GHMSI Small Group Eff 201801 - ACAProject Name/Number:DC GHMSI SG ACA ON-EXCHANGE/2169

# **Correspondence Summary**

**Filing Notes** 

Subject	Note Type	Created By	Created On	Date Submitted
Notes on this Filing	Note To Filer	Damon Siler	05/04/2017	05/04/2017

State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

**Product Name:** DC GHMSI Small Group Eff 201801 - ACA **Project Name/Number:** DC GHMSI SG ACA ON-EXCHANGE/2169

## **Note To Filer**

Created By:

Damon Siler on 05/04/2017 02:06 PM

Last Edited By:

Damon Siler

**Submitted On:** 

05/04/2017 02:06 PM

Subject:

Notes on this Filing

#### Comments:

- 1) We have noticed that every page of the Actuarial Memorandum has been marked as "Confidential -Sensitive and Proprietary Financial Information." Please remove this restriction as the public might need some of the info prior to the final rates approval. Additionally, Federal Instructions for the Part III Memorandum indicate that you are to submit two versions of the memo, one with information redacted (ispecific trade secret and financial information, not the entire memo).
- 2) Please provide all the filing Exhibits in Excel format with working formulas.
- 3) The Actuarial Memorandum appears to be just a set of exhibits, with little or no explanation or description of the processes used to calculate assumptions. Several of the exhibits are logical and easy to follow, but others require additional detail for us to make an objective appraisal of the assumptions. While you have provided a Part III Actuarial Memorandum, it is only four pages and does not provide much detail in the form of explanations needed to understand the exhibits (example below).

For example, how was the projected 2018 AV estimated in Exhibit 5? Exhibit 5 - Induced Utilization Adjustment Factor YearActuarial ValueInduced Demand Factor (1)2016 79.6%1.078 (2)Projected 201878.7%1.073 (3)Adjustment\*0.996(2)/(1) \*Applied to all service categories except capitations

Please provide us with more detailed, descriptive explanations of the actuarial processes/methodologies used in those exhibits presented.

State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

 Product Name:
 DC GHMSI Small Group Eff 201801 - ACA

 Project Name/Number:
 DC GHMSI SG ACA ON-EXCHANGE/2169

## **Rate Information**

Rate data applies to filing.

Filing Method:

Rate Change Type:

Overall Percentage of Last Rate Revision:

Effective Date of Last Rate Revision:

1.100%

1.100%

1.100%

Filing Method of Last Filing:

SERFF

## **Company Rate Information**

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Premium for	Maximum % Change (where req'd	Minimum % Change ): (where req'd):
Group Hospitalization and Medical Services Inc.		15.300%	15.300%	\$26,165,508	14,917	\$171,395,324	20.200%	11.900%

State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

**Product Name:** DC GHMSI Small Group Eff 201801 - ACA **Project Name/Number:** DC GHMSI SG ACA ON-EXCHANGE/2169

#### Rate Review Detail

**COMPANY:** 

Company Name: Group Hospitalization and Medical Services, Inc.

HHS Issuer Id: 78079

#### **PRODUCTS:**

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
BluePreferred PPO	78079DC022		26013

Trend Factors:

**FORMS:** 

New Policy Forms: DC CF BP PPO 1000 90-70 (1-18), DC CF BP PPO BF HSA SIL 1500 (1-18), DC CF

BP PPO CDH 2000 80-60 (1-18), DC CF BP PPO CDH SIL 1500 (1-18), DC CF BP PPO CDH SIL 2000 (1-18), DC CF BP PPO GOLD 500 (1-18), DC CF SHOP ELIG AMEND (1-17), DC/CF/ANCILLARY AMEND (10/12), DC/CF/BLCRD (R. 1/17), DC/CF/MEM/BLCRD (R. 1/17), DC/CF/PARTNER (R. 7/09), DC/CF/PT PROTECT (9/10), DC/CF/SG/INCENT (R. 1/18), DC/CF/SHOP/2018 AMEND (1/18), DC/GHMSI-

**HEALTH GUARANTEE 1/15** 

Affected Forms:

Other Affected Forms: DC CF BP PPO GOLD 1000 (1-18), DC CF BP PPO GOLD 1500 (1-18), DC CF BP

PPO PLAT 0 (1-18), DC CF BP PPO PLAT 500 (1-18), DC CF BP PPO SIL 1000 (1-18), DC CF HB PPO CDH SIL 2000 (1-18), DC CF HB PPO GOLD 1500 (1-18), DC CF HB PPO PLAT 1000 (1-18), DC CF HB PPO PLAT 500 (1-18), DC/CF/SHOP/ELIG (1/14), DC/GHMSI/DOL APPEAL (R. 1/17), DC/GHMSI/FAM PLAN (8/12), DC-CF-SHOP-GC

(R 1-17), DC-CF-SHOP-PPO-DOCS (1-17), DC-CF-SHOP-PPO-EOC (1-17)

## REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
Member Months: 319,443
Benefit Change: Increase

Percent Change Requested: Min: 11.9 Max: 20.2 Avg: 15.3

**PRIOR RATE:** 

Total Earned Premium: 171,395,324.00 Total Incurred Claims: 130,710,542.00

Annual \$: Min: 340.02 Max: 573.04 Avg: 500.78

**REQUESTED RATE:** 

Projected Earned Premium: 197,094,719.00 Projected Incurred Claims: 151,474,015.00

Annual \$: Min: 401.03 Max: 650.87 Avg: 575.87

State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name:DC GHMSI Small Group Eff 201801 - ACAProject Name/Number:DC GHMSI SG ACA ON-EXCHANGE/2169

## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		2169 Small Group DC PPO - Exchange (2018) - Rate Filing	DC CF BP PPO GOLD 1000 (1-18), DC CF BP PPO GOLD 1500 (1-18), DC CF BP PPO PLAT 0 (1-18), DC CF BP PPO PLAT 500 (1-18), DC CF BP PPO SIL 1000 (1-18), DC CF HB PPO CDH SIL 2000 (1-18), DC CF HB PPO GOLD 1500 (1-18), DC CF HB PPO GOLD 1500 (1-18), DC CF HB PPO PLAT 1000 (1-18), DC CF HB PPO PLAT 1000 (1-18), DC CF HB PPO PLAT 500 (1-18), DC/CF/SHOP/ELIG (1/14), DC/CF/SHOP/ELIG (1/14), DC/CF/SHOP/ELIG (1/14), DC/CF/SHOP/ELIG (1/14), DC/CF/SHOP-PO-GC (R 1-17), DC-CF-SHOP-PO-DOCS (1-17), DC-CF-SHOP-PPO-EOC (1-17), DC CF BP PPO 1000 90-70 (1-18), DC CF BP PPO BF HSA SIL 1500 (1-18), DC CF BP PPO CDH SIL 1500 (1-18), DC CF BP PPO CDH SIL 2000 (1-18), DC CF BP PPO GOLD 500 (1-18), DC CF BP PPO GOLD 500 (1-18), DC CF/BLCRD (R. 1/17), DC/CF/MEM/BLCRD (R. 1/17), DC/CF/PARTNER (R. 7/09), DC/CF/PARTNER (R. 7/09), DC/CF/SG/INCENT (R. 1/18), DC/CF/SHOP/2018 AMEND (1/18), DC/CF/SHOP/2018		Previous State Filing Number: CFAP-130548294 Percent Rate Change Request: 15.3	2169 Small Group DC PPO - Exchange (2018) - Rate Filing.pdf,

# CareFirst BlueCross BlueShield (GHMSI) DC Small Group On Exchange Products Rate Filing Effective 1/1/2018 Premiums Effective 01/2018, 04/2018, 07/2018 and 10/2018

			On/Off	Rx	Benefit		ООР	Individual Base Rate		Incremental Base Rate Change				
HIOS Plan ID	HIOS Product	HIOS Plan Name	Exchange	Benefit**	Description*	Deductible	Max	01/2018	04/2018	07/2018	10/2018	04/2018		10/2018
78079DC0220032	BluePreferred PPO	BluePreferred PPO 1000 90%/70%	On	Int: \$10/20%/40%/50% to \$100 Max/50% to \$150 Max	IN: 10%; OON: 30%	IN: \$1,000 (Integrated); OON: \$2,000	IN: \$6,550; OON: \$13,100	\$503.05	\$511.53	\$520.19	\$529.04	1.7%	1.7%	1.7%
78079DC0220033	BluePreferred PPO	BluePreferred PPO HSA/HRA 2000 80%/60%	On	Int: \$10/20%/40%/50% to \$100 Max/50% to \$150 Max	IN: 20%; OON: 40%	IN: \$2,000 (Integrated); OON: \$4,000	IN: \$6,550; OON: \$13,100	\$401.03	\$407.79	\$414.70	\$421.76	1.7%	1.7%	1.7%
78079DC0220034	BluePreferred PPO	BluePreferred PPO Silver 1500 BlueFund HSA	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$5,300; OON: \$9,000	\$439.88	\$447.29	\$454.87	\$462.61	1.7%	1.7%	1.7%
78079DC0220020	BluePreferred PPO	BluePreferred PPO Gold 1000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$1,000 Med / \$250 Rx; OON: \$2,000	IN: \$4,000; OON: \$8,000	\$536.70	\$545.75	\$554.99	\$564.43	1.7%	1.7%	1.7%
78079DC0220031	BluePreferred PPO	BluePreferred PPO Gold 1500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$1,500 Med / \$250 Rx; OON: \$3,000	IN: \$3,500; OON: \$7,000	\$526.64	\$535.52	\$544.59	\$553.85	1.7%	1.7%	1.7%
78079DC0220021	BluePreferred PPO	BluePreferred PPO Gold 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$15 PCP/\$30 Spec/\$250 ER/\$400 IP; OON: \$50 PCP/Spec/\$500 IP	IN: \$500 Med / \$250 Rx; OON: \$1,000	IN: \$5,000; OON: \$10,000	\$552.80	\$562.12	\$571.64	\$581.36	1.7%	1.7%	1.7%
78079DC0220022	BluePreferred PPO	BluePreferred PPO HSA/HRA Silver 1500	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$1,500 (Integrated); OON: \$3,000	IN: \$5,500; OON: \$9,000	\$439.46	\$446.87	\$454.44	\$462.17	1.7%	1.7%	1.7%
78079DC0220023	BluePreferred PPO	BluePreferred PPO HSA/HRA Silver 2000	On	Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$25 PCP/\$50 Spec/\$250 ER/\$500 IP; OON: \$70 PCP/Spec/\$600 IP	IN: \$2,000 (Integrated); OON: \$4,000	IN: \$5,500; OON: \$9,000	\$424.60	\$431.75	\$439.07	\$446.54	1.7%	1.7%	1.7%
78079DC0220024	BluePreferred PPO	BluePreferred PPO Platinum 0	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$0 Med / \$0 Rx; OON: \$1,500	IN: \$1,500; OON: \$3,000	\$650.87	\$661.84	\$673.05	\$684.50	1.7%	1.7%	1.7%
78079DC0220025	BluePreferred PPO	BluePreferred PPO Platinum 500	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$10 PCP/\$20 Spec/\$100 ER/\$200 IP; OON: \$40 PCP/Spec/\$300 IP	IN: \$500 Med / \$0 Rx; OON: \$1,000	IN: \$1,500; OON: \$3,000	\$619.58	\$630.03	\$640.70	\$651.60	1.7%	1.7%	1.7%
78079DC0220026	BluePreferred PPO	BluePreferred PPO Silver 1000	On	Non-Int: \$10/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$40 PCP/\$80 Spec/\$400 ER/\$500 IP; OON: \$100 PCP/Spec/\$600 IP	IN: \$1,000 Med / \$100 Rx; OON: \$2,000	IN: \$7,150; OON: \$14,300	\$465.42	\$473.27	\$481.29	\$489.48	1.7%	1.7%	1.7%
78079DC0220028	BluePreferred PPO	HealthyBlue PPO HSA/HRA Silver 2000	On	Int: 0%/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$45 Spec/\$200 ER/\$500 IP; OON: \$65 PCP/Spec/\$600 IP	IN: \$2,000 (Integrated); OON: \$4,000	IN: \$6,550; OON: \$9,000	\$433.95	\$441.26	\$448.74	\$456.37	1.7%	1.7%	1.7%
78079DC0220027	BluePreferred PPO	HealthyBlue PPO Gold 1500	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$30 Spec/\$200 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$1,500 Med / \$0 Rx; OON: \$3,000	IN: \$7,150; OON: \$14,300	\$546.51	\$555.73	\$565.14	\$574.75	1.7%	1.7%	1.7%
78079DC0220029	BluePreferred PPO	HealthyBlue PPO Platinum 1000	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$30 Spec/\$200 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$1,000 Med / \$0 Rx; OON: \$2,000	IN: \$1,500; OON: \$3,000	\$613.68	\$624.03	\$634.60	\$645.40	1.7%	1.7%	1.7%
78079DC0220030	BluePreferred PPO	HealthyBlue PPO Platinum 500	On	Non-Int: \$0/\$45/\$65/50% to \$100 Max/50% to \$150 Max	IN: \$0 PCP/\$30 Spec/\$200 ER/\$500 IP; OON: \$50 PCP/Spec/\$600 IP	IN: \$500 Med / \$0 Rx; OON: \$1,000	IN: \$1,500; OON: \$3,000	\$625.76	\$636.31	\$647.09	\$658.10	1.7%	1.7%	1.7%

<sup>\*</sup> Out-of-Network ER is paid as In-Network.

<sup>\*\*</sup>Generic/Preferred Brand/Non-Preferred Brand/Preferred Specialty/Non-Preferred Specialty

State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name:DC GHMSI Small Group Eff 201801 - ACAProject Name/Number:DC GHMSI SG ACA ON-EXCHANGE/2169

# **Supporting Document Schedules**

•	
Satisfied - Item:	Actuarial Justification
Comments:	Please see the Actuarial Certification in the Actuarial Memorandum.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum
Comments:	
Attachment(s):	2169 Small Group DC PPO - Exchange (2018) - Actuarial Memorandum.pdf AV Screenshots_DC SG GHMSI.pdf 2018 ACA_Actl Memo_SG_DC_GHMSI.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Memorandum and Certifications
Comments:	
Attachment(s):	2169 Small Group DC PPO - Exchange (2018) - Actuarial Memorandum.pdf 2018 ACA_Actl Memo_SG_DC_GHMSI.pdf 2169 - DC PPO Small Group - Index & Plan Comparison.pdf
Item Status:	
Status Date:	
Bypassed - Item:	Certificate of Authority to File
Bypass Reason:	This filing is being submitted directly by the insurer.
Attachment(s):	
Item Status:	
Status Date:	
Bypassed - Item:	Consumer Disclosure Form
Bypass Reason:	Since this is the initial filing submission, the required documentation is not yet available.
Attachment(s):	
Item Status:	
Status Date:	
Satisfied - Item:	Cover Letter All Filings
Comments:	

ERFF Tracking #:	CFAP-131010712	State Tracking #:	C	Company Tracking #:	2169	
ate: Ol/Sub-TOI:	District of Colum	nbia ealth - Major Medical/H16G.003A Sma	Filing Company:	Group Hospitalizatio	n and Medical Services, Inc.	
roduct Name:		all Group Eff 201801 - ACA	an Group Only - 1 1 O			
oject Name/Number:		ACA ON-EXCHANGE/2169				
ttachment(s):	2	2018 ACA_Cover Letter_Smal	llGroup_DC_GH - 5-1-2017.pdf			
em Status:						
Status Date:						
Satisfied - Item:	С	DISB Actuarial Memorandum [	Dataset			
comments:						
ttachment(s):	2	2169 - DC GHMSI Small Group	p (2018) - Dataset_sent.xlsx			
em Status:						
Status Date:						
Sypassed - Item:		District of Columbia and Count	trywide Experience for the Last 5	5 Years (P&C)		
Bypass Reason:	Т	This is not a P&C filing.				
ttachment(s):						
em Status:						
Status Date:						
Bypassed - Item:	C	District of Columbia and Count	trywide Loss Ratio Analysis (P&0	C)		
Bypass Reason:	Т	This is not a P&C filing.				
ttachment(s):						
em Status:						
Status Date:						
atisfied - Item:	L	Jnified Rate Review Template	)			
comments:						
ttachment(s):	2	2169 - Small Group - GHMSI L 2169 - Small Group - GHMSI L	JRRT - SERFF 5-1.xlsm JRRT.pdf			
em Status:		,	•			
tatus Date:						
Satisfied - Item:		District of Columbia Plain Lang	guage Summary			
comments:			<u> </u>			
ttachment(s):	2	2169 - DC Small Group - GHM	1SI - PartII Rate Justification.pdf			
em Status:						
Status Date:						
Satisfied - Item:		DISB Rate Filing Checklist				
Comments:						
ttachment(s):	S	Small Group - DISB rate filing	checklist.pdf			
		<u> </u>	· · · · · · · · · · · · · · · · · · ·			

SERFF Tracking #:	CFAP-131010712	State Tracking #:		Company Tracking #:	2169
State:	District of Colu	mbia	Filing Company:	Group Hospitalization	on and Medical Services, Inc.
TOI/Sub-TOI:	H16G Group H	ealth - Major Medical/H16G.003A Small Gr	oup Only - PPO		
Product Name:	DC GHMSI Sm	all Group Eff 201801 - ACA			
Project Name/Number:	DC GHMSI SG	ACA ON-EXCHANGE/2169			
Item Status:					
Status Date:					
Satisfied - Item:		RateE File			
Comments:					
Attachment(s):		GHMSI.DC.RATEE.2016Q4.20170	0309 - Small Group GHMS	l.xlsx	
Item Status:					

**Status Date:** 

State: District of Columbia Filing Company: Group Hospitalization and Medical Services, Inc.

TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO

Product Name:DC GHMSI Small Group Eff 201801 - ACAProject Name/Number:DC GHMSI SG ACA ON-EXCHANGE/2169

Attachment 2169 - DC GHMSI Small Group (2018) - Dataset\_sent.xlsx is not a PDF document and cannot be reproduced here.

Attachment 2169 - Small Group - GHMSI URRT - SERFF 5-1.xlsm is not a PDF document and cannot be reproduced here.

Attachment GHMSI.DC.RATEE.2016Q4.20170309 - Small Group GHMSI.xlsx is not a PDF document and cannot be reproduced here.

# Group Hospitalization & Medical Services Inc. d.b.a. CareFirst BlueCross BlueShield (NAIC # 53007)

Rate Filing # 2169
D.C. Small Group Products
Rate Filing Effective 1/1/2018

**Actuarial Memorandum** 

#### Group Hospitalization & Medical Services Inc. (NAIC # 53007)

H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)

D.C. Small Group Products Rate Filing Effective 1/1/2018 **Actuarial Certification** 

I. Dwavne Lucado, am an Actuary, Group Pricing with GHMSI, Inc. doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23. Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41. Actuarial Communications

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

- 1. The projected Index Rate is:
  - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80(d)(1))
  - b. Reasonable in relation to the benefits provided and the population anticipated to be covered.
  - c. Neither excessive nor deficient.
- 2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
- 3. The percentage of total premium that represents essential health benefits (EHBs) included in Worksheet 2, Sections III and IV, was calculated in accordance with ASOPs.
- 4. Consistent with 45 CFR § 156.135, the 2018 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Dwayne Lucado Lucado Digitally signed by Dwayne

Date: 2017.05.01 14:26:19 -04'00'

Dwayne Lucado, FSA, MAAA Actuary, Group Pricing CareFirst BlueCross BlueShield Mail Drop-Point 01-720 10455 Mill Run Circle Owings Mills, MD 21117

**Exhibit 1 - Market Adjusted Index Rate Summary** 

		2018	Exhibit
(1)	Base Period Total Allowed	\$ 542.24	2
(2)	Base Period Non-EHB PMPM	\$ 2.84	2
(3)	Experience Period Index Rate	\$ 539.40	
(4)	Change in Morbidity	0.971	4
(5)	Additional Population Adjustment	1.000	
(6)	Induced Demand	0.994	5
(7)	Projection Period Utilization and Network Adjustment	1.000	
(8)	Demographic Adjustment	0.999	6
(9)	Area Adjustment	1.000	
(10)	Additional "Other" Adjustments	0.982	7
(11)	Annualized Trend	8.3%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.173	
(14)	Projection Period Index Rate	\$ 599.44	
(15)	Risk Adjustment Program	0.890	9
(16)	Federal Exchange User Fee	1.000	
(17)	Market Adjusted Index Rate	\$ 533.43	
	Without Risk Adjustment	\$ 599.44	

The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.

**Exhibit 2 - Base Period Experience** 

Service Category	In	curred Allowed	Allo	owed PMPM	Utilization Description	Utilization per 1,000	Co	Average ost/Service
Inpatient Hospital	\$	44,558,700	\$	98.91	Admits	66.81	\$	17,766.63
Outpatient Hospital	\$	51,280,962	\$	113.83	Visits	997.55	\$	1,369.35
Professional	\$	75,741,993	\$	168.13	Visits	11,364.27	\$	177.54
Other Medical	\$	14,785,000	\$	32.82	Services	1,567.70	\$	251.22
Capitation	\$	470,109	\$	1.04	Benefit Period	1,000	\$	12.52
Prescription Drug	\$	57,436,234	\$	127.50	Prescriptions	9,852.80	\$	155.28
Total (EHB & Non-EHB)	\$	244,272,998	\$	542.24				
EHB Allowed	\$	242,995,334	\$	539.40				
Non-EHB Allowed	\$	1,277,664	\$	2.84				
Incurred Net	\$	215,457,804	\$	478.27				
Net/Allowed		88.20%						
<b>Experience Period Member Months</b>		450,492						

Exhibit 3 - Non-EHB Adjustment

		2018 (	On-Exchange	2018 (	!	
(1)	Blended Index Rate	\$	613.56	\$	613.56	
(2)	Non-EHB PMPM	\$	3.11	\$	3.11	
(3)	Total	\$	616.67	\$	616.67	
(4)	Plan Level Adjustment		1.005		1.005	(3)/(1)

**Exhibit 4 - Morbidity Adjustment Factor** 

Cohort	Member Months	Normalize	d PMPM
(1) Total Experience Period	450,483	\$	358.83
(2) Existing (enrolled prior to 2017)	30,550	\$	361.49
(3) New in 2017	3,105	\$	320.00
(4) Transferred in 2017 (Internal)	1,454	\$	267.07
(5) Existing (enrolled prior to 2018)	307,341	\$	350.19
(6) New in 2018	102,832	\$	343.69
(7) Total Projection Period	410,173	\$	348.56
(8) Adjustment for Change in Morbidity*			0.971

<sup>\*</sup>Applied to all service categories except capitations

**Exhibit 5 - Induced Utilization Adjustment Factor** 

Year	Actuarial Value	Induced Demand Factor	
(1) 2016 (2) Projected 2018	82.8% 81.9%	1.100 1.093	
(3) Adjustment*	32.373	0.994	(2)/(1)

<sup>\*</sup>Applied to all service categories except capitations

**Exhibit 6 - Demographic Adjustment** 

	Period	Age Factor		Average Age
(1)	Base Period	1.709		34.6
(2)	Most Recent Month	1.707		34.8
(3)	Projection Period	1.707	= (2)	
(4)	Demographic Adjustment*	0.999	(3)/(1)	

<sup>\*</sup>Applied to all service categories except capitations

Average age is claims weighted using our internal age factor curve
as a proxy

Exhibit 7 - Factors for Additional "Other" Adjustments

	Capitation adjustment		
(1)	EP Capitation PMPM	\$ 0.88	
(2)	Projected Difference in Capitations PMPM	\$ (0.08)	
(3)	Adjustment to Capitation Category	0.9045	1 + (2)/(1)
	Drug Rebates adjustment		
(4)	Experience Period Allowed Rx PMPM (Pre-Rebate)	\$ 147.06	
(5)	Experience Pharmacy Rebates PMPM	\$ (19.56)	
(6)	Projected Pharmacy Rebates PMPM	\$ (23.39)	
(7)	Post-Rebate Rx PMPM (using Experience Rebates)	\$ 127.50	
(8)	Post-Rebate Rx PMPM (using Projected Rebates)	\$ 123.67	
(9)	Adjustment to Drug Category	0.9700	(8)/(7)
	Formulary Adjustments		
(10)	Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$ 147.06	
(11)	Ingredient cost adjustment factor	0.961	
(12)	Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$ 141.37	(10)*(11)
(13)	Projection Period Pharmacy Rebates PMPM	\$ (23.39)	
(14)	Adjustment to Drug Category	0.9540 [(	12) + (13)]/[(10) + (13)]

		РМРМ	Adjustment
Inpatient Hospital	\$	111.58	1.000
Outpatient Hospital	Ś	127.93	1.000
Professional	ς ,	187.18	1.000
Other Medical	\$	34.24	1.000
Capitation	\$	0.88	0.904
Prescription Drug	ڊ خ	148.82	0.925
Total	ڊ ف	610.63	0.923
TOTAL	Ģ	010.03	0.3017

PMPM weights are set equal projected PMPM without "other" adj.

**Exhibit 8 - Annual Trend Assumptions** 

	201	L6 PMPM	Weight	Utilization/1,000	<b>Unit Cost</b>	Composite
Inpatient Hospital	\$	98.91	18%	1.0500	1.0300	1.082
Outpatient Hospital	\$	113.83	21%	1.0600	1.0200	1.081
Professional	\$	168.13	31%	1.0400	1.0400	1.082
Other Medical	\$	32.82	6%	1.0000	1.0400	1.040
Capitation	\$	1.04	0%	1.0000	1.0000	1.000
Prescription Drug	\$	127.50	24%	1.0000	1.1000	1.100
Total	\$	542.24	100%			1.083
Proposed Trend						1.083

## Exhibit 9 - Risk Adjustment

#### 2016

Metallic Tier Catastrophic	Member Months	Distribution	PLRS	ARF	Transfer \$	РМРМ
Bronze	3,473	1%	1.518	1.202	\$478,634	\$137.80
Silver	33,152	9%	1.249	1.081	\$1,143,346	\$34.49
Gold	138,310	36%	1.368	1.052	\$4,532,699	\$32.77
Platinum	205,813	54%	1.589	1.059	\$11,121,772	\$54.04
Total	380,749	100%	1.478	1.060	\$17,276,451	\$45.37
Statewide	976,511		1.307	1.041		
State Average Prem	ium	\$ 469.57				

#### 2018

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Catastrophic						
Bronze	0	0%	0.000	0.000	\$0	\$0.00
Silver	47,219	15%	1.240	1.063	\$1,407,394	\$29.81
Gold	103,331	34%	1.359	0.943	\$7,474,832	\$72.34
Platinum	155,944	51%	1.565	1.014	\$9,322,507	\$59.78
Total	306,494	100%	1.445	0.997	\$18,204,733	\$59.40
Statewide	846,919		1.267	0.992		
State Average Prem	ium	\$ 516.53				

## Adjustment Factor applied to Market Adjusted Index Rate

		Projected	Risk		
Proj	ected Index	Transfer PMPM	Adjustm	ent	Adjustment
	Rate	(Allowed basis)	User Fe	ee	Factor
\$	613.56	\$67.70	\$	0.14	0.890

Adjustment Factor = (\$613.56 - \$67.7+ \$0.14) / \$613.56

**Exhibit 10A - Desired Incurred Claims Ratio** 

		10	2018	20	2018		30	2018	4Q	2018
	ı	PMPM	% of Revenue	PMPM	% of Revenue	1	PMPM	% of Revenue	PMPM	% of Revenue
Allowed Claims	\$	602.55		\$ 614.64		\$	626.98		\$ 639.58	
Paid/Allowed Ratio		87.7%		87.7%			87.7%		87.7%	
Paid Claims & Capitations	\$	528.64		\$ 539.25		\$	550.08		\$ 561.13	
Risk Adjustment Transfer (Paid Basis)	\$	59.40		\$ 59.40		\$	59.40		\$ 59.40	
Paid Claims & Capitations (Post-Risk Adj)	\$	469.24	76.5%	\$ 479.85	76.7%	\$	490.68	77.0%	\$ 501.74	77.2%
Administrative Expense	\$	57.53	9.4%	\$ 57.53	9.2%	\$	57.53	9.0%	\$ 57.53	8.9%
<b>Broker Commissions &amp; Fee</b>	\$	22.80	3.7%	\$ 22.80	3.6%	\$	22.80	3.6%	\$ 22.80	3.5%
Contribution to Reserve (Post-Tax)	\$	19.64	3.2%	\$ 20.01	3.2%	\$	20.40	3.2%	\$ 20.80	3.2%
Investment Income Credit	\$	(0.00)	-0.0001%	\$ (0.00)	-0.0001%	\$	(0.00)	-0.0001%	\$ (0.00)	-0.0001%
Non-ACA Taxes & Fees										
State Premium Tax	\$	12.27	2.0%	\$ 12.51	2.0%	\$	12.75	2.0%	\$ 13.00	2.0%
State Assessment Fee	\$	0.71	0.1%	\$ 0.72	0.1%	\$	0.73	0.1%	\$ 0.75	0.1%
State Income Tax	\$	-	0.0%	\$ -	0.0%	\$	-	0.0%	\$ -	0.0%
Federal Income Tax	\$	4.91	0.8%	\$ 5.00	0.8%	\$	5.10	0.8%	\$ 5.20	0.8%
ACA Taxes & Fees										
Health Insurer Tax	\$	19.64	3.2%	\$ 20.01	3.2%	\$	20.40	3.2%	\$ 20.80	3.2%
Risk Adjustment User Fee	\$	0.14	0.0%	\$ 0.14	0.0%	\$	0.14	0.0%	\$ 0.14	0.0%
Exchange Assessment Fee	\$	6.14	1.0%	\$ 6.25	1.0%	\$	6.38	1.0%	\$ 6.50	1.0%
Federal Exchange User Fee	\$	-	0.0%	\$ -	0.0%	\$	-	0.0%	\$ -	0.0%
PCORI Tax	\$	0.21	0.0%	\$ 0.21	0.0%	\$	0.21	0.0%	\$ 0.21	0.0%
BlueRewards/Incentive Program	\$	0.42	0.1%	\$ 0.42	0.1%	\$	0.42	0.1%	\$ 0.42	0.1%
Total Revenue	\$	613.62	100.0%	\$ 625.45	100.0%	\$	637.53	100.0%	\$ 649.85	100.0%
Plan Level Admin Load Adjustment		1.3073		1.3030			1.2989		1.2949	
Projected Member Months		115,180		44,344			38,379		121,540	
Average Members		9,598		3,695			3,198		10,128	
% Total 2018		36.1%		13.9%			12.0%		38.0%	

## **Exhibit 10B - Federal MLR**

Traditional MLR Development	 otal 2018 MPM / %
Paid Claims & Capitations (Post-Risk Adj)	454.26
Total Revenue Traditional MLR (i.e. DICR)	\$ 588.71 77.2%
Federal MLR Development	
Numerator Adjustments	
BlueRewards/Incentive Program	\$ 0.42
<b>Quality Improvement Expenses</b>	\$ 2.55
Removal of non-care costs under MLR guidelines	\$ (4.75)
Denominator Adjustments	
Non-ACA Taxes & Fees	\$ 16.63
ACA Taxes & Fees	\$ 25.07
Federal MLR Numerator	\$ 452.47
Federal MLR Denominator	\$ 547.01
Federal MLR	82.7%

The Federal MLR is based on a blended market

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization*	Non- EHB**	Admin	Plan Adjusted Index Rate
78079DC0220020	BluePreferred PPO Gold 1000	PPO	Gold	On	Regional Preferred (RPN)	533.43	0.828	1.000	0.9909	1.005	1.307	575.03
78079DC0220021	BluePreferred PPO Gold 500	PPO	Gold	On	Regional Preferred (RPN)	533.43	0.853	1.000	0.9909	1.005	1.307	592.27
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.744	1.000	0.9034	1.005	1.307	470.84
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.718	1.000	0.9034	1.005	1.307	454.92
78079DC0220024	BluePreferred PPO Platinum 0	PPO	Platinum	On	Regional Preferred (RPN)	533.43	0.943	1.000	1.0553	1.005	1.307	697.35
78079DC0220025	BluePreferred PPO Platinum 500	PPO	Platinum	On	Regional Preferred (RPN)	533.43	0.898	1.000	1.0553	1.005	1.307	663.83
78079DC0220026	BluePreferred PPO Silver 1000	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.752	1.000	0.9457	1.005	1.307	498.66
78079DC0220027	HealthyBlue PPO Gold 1500	PPO	Gold	On	Regional Preferred (RPN)	533.43	0.843	1.000	0.9909	1.005	1.307	585.54
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.734	1.000	0.9034	1.005	1.307	464.94
78079DC0220029	HealthyBlue PPO Platinum 1000	PPO	Platinum	On	Regional Preferred (RPN)	533.43	0.889	1.000	1.0553	1.005	1.307	657.51
78079DC0220030	HealthyBlue PPO Platinum 500	PPO	Platinum	On	Regional Preferred (RPN)	533.43	0.906	1.000	1.0553	1.005	1.307	670.45
78079DC0220031	BluePreferred PPO Gold 1500	PPO	Gold	On	Regional Preferred (RPN)	533.43	0.812	1.000	0.9909	1.005	1.307	564.25
78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	Gold	On	Regional Preferred (RPN)	533.43	0.780	1.000	0.9909	1.000	1.307	538.97
78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.682	1.000	0.9034	1.000	1.307	429.67
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.744	1.000	0.9034	1.005	1.307	471.29

<sup>\*</sup>Exhibit 15, \*\*Exhibit 3

**Exhibit 12 - AV Values** 

HIOS Plan ID	HIOS Plan Name	HHS AV
78079DC0220020	BluePreferred PPO Gold 1000	0.806
78079DC0220021	BluePreferred PPO Gold 500	0.804
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	0.711
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	0.696
78079DC0220024	BluePreferred PPO Platinum 0	0.910
78079DC0220025	BluePreferred PPO Platinum 500	0.900
78079DC0220026	BluePreferred PPO Silver 1000	0.720
78079DC0220027	HealthyBlue PPO Gold 1500	0.812
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	0.699
78079DC0220029	HealthyBlue PPO Platinum 1000	0.898
78079DC0220030	HealthyBlue PPO Platinum 500	0.903
78079DC0220031	BluePreferred PPO Gold 1500	0.807
78079DC0220032	BluePreferred PPO 1000 90%/70%	0.799
78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	0.714
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	0.714

## **Exhibit 13 - Age Calibration**

	Average Age	Factor	
(1) Projected	42.4	1.071	
(2) Nearest Rounded	42.0	1.053	
(3) Calibration		0.983	(2)/(1)

The nearest rounded age is determined as the age for the factor closest to the member weighted average factor. The projected average age is then interpolated using the nearest and average factors and the nearest age.

#### Exhibit 14 - Age Factors

Age	Factor
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181

**Exhibit 15 - Induced Utilization Factors** 

	Projected Member		
CDH/Non-CDH	Months	Relative to HSA/HRA	Relative to Average
HSA/HRA	50,178	1.000	0.960
Non-CDH	372,941	1.047	1.005
	423,119	1.042	
	Projected Member		
Metal Level	Months	Relative to Bronze	Relative to Average
Catastrophic	0	1.000	0.913
Bronze	25,458	1.000	0.913
Silver	93,174	1.030	0.941
Gold	118,703	1.080	0.986
Platinum	185,784	1.150	1.050
Total	423,119	1.095	

Factors are applied as plan level adjustments

#### Appendix - Experience Period to Rating Period Plan Mappings

		Exp. Period			Current Period		Rating Period
2015 Base HIOS Plan ID	2015 HIOS Plan Name	2016 Base HIOS Plan ID	2016 HIOS Plan Name	2017 Base HIOS Plan ID	2017 HIOS Plan Name	2018 Base HIOS Plan ID	2018 HIOS Plan Name
78079DC0170001	BlueCross BlueShield Preferred 1000, A Multi-State Plan	78079DC0170001	BlueCross BlueShield Preferred 1000, a Multi-State Plan	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%
78079DC0190001	BlueCross BlueShield Preferred 2000, A Multi-State Plan	78079DC0170002	BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA)	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%
78079DC0220006	BluePreferred PPO \$500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500
8079DC0220007	BluePreferred PPO \$1,200	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500
8079DC0220011	BluePreferred PPO \$4,500	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000
'8079DC0220012	BluePreferred PPO \$1,000 100%/80%	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000
78079DC0220013	BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0
78079DC0220014	BluePreferred PPO \$1,000 80%/60%	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000
'8079DC0220015	BluePreferred PPO \$2,000	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500
78079DC0220016	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0
8079DC0220018	BluePreferred PPO \$1000 \$30/\$40	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000
8079DC0220019	BluePreferred PPO \$500 \$20/\$30	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500
8079DC0230003	BluePreferred PPO HSA/HRA \$4,000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
78079DC0230008	BluePreferred PPO HSA/HRA \$1,400	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500
78079DC0230009	BluePreferred PPO HSA/HRA \$4,500	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
8079DC0230010	BluePreferred PPO HSA/HRA \$2000, 100%/80%	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
78079DC0230011	BluePreferred PPO HSA/HRA \$1,800	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
78079DC0300004	HealthyBlue PPO \$1,500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500
8079DC0300005	HealthyBlue PPO \$300	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500
8079DC0300006	HealthyBlue PPO \$600	78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220029	HealthyBlue PPO Platinum 1000
'8079DC0310002	HealthyBlue PPO HSA/HRA \$2,000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000
				78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA

#### Appendix - Annual Rate Change Based on Mapping

Bronze Members/Avg Renewal	-	n/a
Silver Members/Avg Renewal	3,307	19.8%
Gold Members/Avg Renewal	10,151	15.8%
Platinum Members/Avg Renewal	12,555	13.7%
All Members/Avg Renewal	26,013	15.3%
Minimum Renewal		11.9%
Maximum Renewal		20.2%

2017 HIOS Plan ID	2017 HIOS Plan Name	2017 Metal Level	2017 Marketplace Indicator	2018 HIOS Plan ID	2018 HIOS Plan Name	2018 Metal Level	2018 Marketplace Indicator	Projected 2017 EOY Members	1Q2017 Base Rate	1Q2018 Base Rate	Annual Rate Change
78079DC0220020	BluePreferred PPO Gold 1000	Gold	On	78079DC0220020	BluePreferred PPO Gold 1000	Gold	On	3,626	\$461.83	\$536.70	16.2%
78079DC0220021	BluePreferred PPO Gold 500	Gold	On	78079DC0220021	BluePreferred PPO Gold 500	Gold	On	2,651	\$474.05	\$552.80	16.6%
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	Silver	On	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	Silver	On	1,367	\$366.34	\$439.46	20.0%
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	Silver	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	Silver	On	1,198	\$353.31	\$424.60	20.2%
78079DC0220024	BluePreferred PPO Platinum 0	Platinum	On	78079DC0220024	BluePreferred PPO Platinum 0	Platinum	On	8,715	\$573.04	\$650.87	13.6%
78079DC0220025	BluePreferred PPO Platinum 500	Platinum	On	78079DC0220025	BluePreferred PPO Platinum 500	Platinum	On	3,424	\$543.44	\$619.58	14.0%
78079DC0220026	BluePreferred PPO Silver 1000	Silver	On	78079DC0220026	BluePreferred PPO Silver 1000	Silver	On	413	\$392.72	\$465.42	18.5%
78079DC0220027	HealthyBlue PPO Gold 1500	Gold	On	78079DC0220027	HealthyBlue PPO Gold 1500	Gold	On	2,079	\$477.36	\$546.51	14.5%
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	Silver	On	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	Silver	On	240	\$363.20	\$433.95	19.5%
78079DC0220029	HealthyBlue PPO Platinum 1000	Platinum	On	78079DC0220029	HealthyBlue PPO Platinum 1000	Platinum	On	109	\$537.17	\$613.68	14.2%
78079DC0220030	HealthyBlue PPO Platinum 500	Platinum	On	78079DC0220030	HealthyBlue PPO Platinum 500	Platinum	On	307	\$559.03	\$625.76	11.9%
78079DC0220031	BluePreferred PPO Gold 1500	Gold	On	78079DC0220031	BluePreferred PPO Gold 1500	Gold	On	1,451	\$456.78	\$526.64	15.3%
78079DC0220032	BluePreferred PPO 1000 90%/70%	Gold	On	78079DC0220032	BluePreferred PPO 1000 90%/70%	Gold	On	344	\$439.11	\$503.05	14.6%
78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	Silver	On	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	Silver	On	65	\$340.02	\$401.03	17.9%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	Silver	On	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	Silver	On	24	\$366.76	\$439.88	19.9%

## **Appendix - Quarterly Rate Change Adjustment Factors**

	(1)	(2)	(3) = (1 + (1))*(1 + (2)) -1
Quarter	Market Adj. Index Rate	Admin Load Factor	Plan Adjusted Index Rates
2Q18	2.0%	-0.3%	1.7%
3Q18	2.0%	-0.3%	1.7%
4Q18	2.0%	-0.3%	1.7%

The changes above are relative to the preceding quarter and no other changes factor into the 2Q, 3Q and 4Q rates.

## **Appendix - Maximum Rate Renewal**

	2017	2018	% Change
Base Rate	\$353.31	\$424.60	20.2%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$231.06	\$308.68	33.6%

	BluePreferred PPO	BluePreferred PPO
	HSA/HRA Silver	HSA/HRA Silver
Base Rate/Product(s)	2000	2000
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

<sup>\*</sup>we did not geo rate

<sup>\*\*</sup>we did not tobacco rate

#### Appendix - Form Numbers - Small Group

#### Form Numbers Associated With This Filing:

This list contains the applicable forms for the new products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

#### ON Exchange

#### Forms Used for ALL ON-Exchange GHMSI Group Products

DC-CF-SHOP-GC (R 1-17)

DC-CF-SHOP-PPO-EOC (1-17)

DC/GHMSI/DOL APPEAL (R. 1/17)

DC-CF-SHOP-PPO-DOCS (1-17)

DC/CF/SHOP/ELIG (1/14)

DC/GHMSI/FAM PLAN (8/12)

DC/CF/PARTNER (R. 7/09)

DC/CF/BLCRD (R. 1/17)

DC/CF/MEM/BLCRD (R. 1/17)

DC/CF/ANCILLARY AMEND (10/12)

DC/CF/SHOP/2018 AMEND (1/18)

DC/CF/PT PROTECT (9/10)

DC/GHMSI-HEALTH GUARANTEE 1/15

DC/CF/SG/INCENT (R. 1/18)

DC CF SHOP ELIG AMEND (1-17)

#### Product: BluePreferred

#### Network: Regional Preferred (RPN)

DC CF BP PPO 1000 90-70 (1-18)

DC CF BP PPO BF HSA SIL 1500 (1-18)

DC CF BP PPO CDH 2000 80-60 (1-18)

DC CF BP PPO CDH SIL 1500 (1-18)

DC CF BP PPO CDH SIL 2000 (1-18)

DC CF BP PPO GOLD 500 (1-18)

DC CF BP PPO GOLD 1000 (1-18)

DC CF BP PPO GOLD 1500 (1-18)

DC CF BP PPO PLAT 0 (1-18)

DC CF BP PPO PLAT 500 (1-18)

DC CF BP PPO SIL 1000 (1-18)

Product: HealthyBlue PPO

Network: Regional Preferred (RPN)

DC CF HB PPO CDH SIL 2000 (1-18)

DC CF HB PPO GOLD 1500 (1-18)

DC CF HB PPO PLAT 500 (1-18)

DC CF HB PPO PLAT 1000 (1-18)

**Appendix - Experience by Service Category** 

RPT_YR_MTH	MEMB_CNT	SERVC_CTGY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	7,418	IP	\$727,774	Admit	46.00
201402	9,025	IP	\$721,325	Admit	55.00
201403	10,320	IP	\$632,867	Admit	60.00
201404	11,168	IP	\$943,968	Admit	62.00
201405	12,443	IP	\$925,884	Admit	64.00
201406	13,802	IP	\$1,154,796	Admit	79.00
201407	16,256	IP	\$904,962	Admit	79.00
201408	18,515	IP	\$1,836,363	Admit	85.00
201409	20,802	IP	\$1,502,490	Admit	96.00
201410	22,705	IP	\$3,076,520	Admit	123.00
201411	25,280	IP	\$1,396,286	Admit	105.00
201412	38,029	IP	\$2,346,881	Admit	184.00
201501	37,788	IP	\$3,074,408	Admit	162.00
201502	37,691	IP	\$2,190,779	Admit	167.00
201503	37,675	IP	\$3,158,341	Admit	217.00
201504	37,643	IP	\$2,854,358	Admit	183.00
201505	37,323	IP	\$3,204,951	Admit	192.00
201506	37,220	IP	\$3,735,881	Admit	180.00
201507	37,169	IP	\$3,480,224	Admit	206.00
201508	36,937	IP	\$2,873,456	Admit	190.00
201509	36,915	IP	\$3,077,277	Admit	166.00
201510	36,736	IP	\$3,175,921	Admit	189.00
201511	36,893	IP	\$2,163,713	Admit	148.00
201512	36,475	IP	\$2,697,424	Admit	185.00
201601	37,936	IP	\$4,164,675	Admit	246.00
201602	38,265	IP	\$3,414,335	Admit	166.00
201603	38,703	IP	\$4,865,193	Admit	213.00
201604	38,577	IP	\$3,144,852	Admit	208.00
201605	38,594	IP	\$3,444,476	Admit	220.00
201606	38,590	IP	\$3,763,106		207.00
201607	38,433	IP	\$3,911,619		210.00
201608	37,664	IP	\$4,515,199		223.00
201609	37,088	IP IP	\$4,089,322 \$2,545,701		229.00
201610 201611	37,022 36,181	IP IP	\$3,545,701 \$3,410,788		225.00 210.00
201611	33,439	IP	\$2,289,434		151.00
201701	34,634	IP	\$2,576,463		147.00
201702	35,060	IP	\$1,912,529		89.00

RPT_YR_MTH	MEMB_CNT	SERVC_CTGY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	7,418	OP	\$634,702	Visit	481.00
201402	9,025	OP	\$635,387	Visit	580.00
201403	10,320	OP	\$1,189,692	Visit	764.00
201404	11,168	OP	\$1,037,175	Visit	825.00
201405	12,443	OP	\$1,094,219	Visit	864.00
201406	13,802	OP	\$1,124,059	Visit	949.00
201407	16,256	OP	\$1,455,747	Visit	1,164.00
201408	18,515	OP	\$1,889,782	Visit	1,406.00
201409	20,802	OP	\$1,963,114	Visit	1,623.00
201410	22,705	OP	\$2,472,474	Visit	1,923.00
201411	25,280	OP	\$2,351,126	Visit	1,762.00
201412	38,029	OP	\$4,196,609	Visit	2,940.00
201501	37,788	OP	\$4,015,415	Visit	2,857.00
201502	37,691	OP	\$3,275,731	Visit	2,483.00
201503	37,675	OP	\$3,879,241	Visit	2,928.00
201504	37,643	OP	\$3,846,299	Visit	2,752.00
201505	37,323	OP	\$3,678,551		2,696.00
201506	37,220	OP	\$3,763,966	Visit	2,804.00
201507	37,169	OP	\$3,617,793	Visit	2,866.00
201508	36,937	OP	\$3,565,874		2,809.00
201509	36,915	OP	\$3,445,365		2,744.00
201510	36,736	OP	\$3,963,303		2,813.00
201511	36,893	OP	\$3,907,193	Visit	2,897.00
201512	36,475	OP	\$4,246,903		3,040.00
201601	37,936	OP	\$4,478,612		3,105.00
201602	38,265	OP	\$4,305,424		3,236.00
201603	38,703	OP	\$4,755,077		3,331.00
201604	38,577	OP	\$4,369,339		3,222.00
201605	38,594	OP	\$4,237,778		3,241.00
201606	38,590	OP	\$4,458,753		3,331.00
201607	38,433	OP	\$3,948,056		3,082.00
201608	37,664	OP	\$4,118,770		3,244.00
201609	37,088	OP	\$4,055,618		3,080.00
201610	37,022	OP	\$4,011,392		3,027.00
201611	36,181	OP	\$4,439,716		2,925.00
201612	33,439	OP	\$4,102,428		2,625.00
201701	34,634	OP	\$4,283,082		2,521.00
201702	35,060	OP	\$3,545,520	Visit	2,453.00

RPT_YR_MTH	MEMB_CNT	SERVC_CTGY_CD	ULTMT_ALLWD_AMT Utilization L	Jnit Utilization
201401	7,418	PROF	\$956,680 Visit	5,404.00
201402	9,025	PROF	\$1,052,121 Visit	6,213.00
201403	10,320	PROF	\$1,357,705 Visit	8,174.00
201404	11,168	PROF	\$1,538,875 Visit	9,217.00
201405	12,443	PROF	\$1,672,157 Visit	9,933.00
201406	13,802	PROF	\$1,786,082 Visit	10,835.00
201407	16,256	PROF	\$2,216,511 Visit	13,366.00
201408	18,515	PROF	\$2,560,175 Visit	14,995.00
201409	20,802	PROF	\$3,095,709 Visit	18,632.00
201410	22,705	PROF	\$3,904,647 Visit	23,443.00
201411	25,280	PROF	\$3,318,512 Visit	20,557.00
201412	38,029	PROF	\$5,678,777 Visit	34,871.00
201501	37,788	PROF	\$5,822,731 Visit	33,930.00
201502	37,691	PROF	\$5,017,706 Visit	29,945.00
201503	37,675	PROF	\$5,815,587 Visit	33,848.00
201504	37,643	PROF	\$5,933,362 Visit	34,688.00
201505	37,323	PROF	\$5,540,454 Visit	32,703.00
201506	37,220	PROF	\$5,879,934 Visit	34,579.00
201507	37,169	PROF	\$6,046,068 Visit	34,294.00
201508	36,937	PROF	\$5,464,196 Visit	32,241.00
201509	36,915	PROF	\$5,585,289 Visit	33,596.00
201510	36,736	PROF	\$6,332,765 Visit	37,585.00
201511	36,893	PROF	\$5,748,944 Visit	33,829.00
201512	36,475	PROF	\$5,827,133 Visit	34,666.00
201601	37,936	PROF	\$6,341,895 Visit	33,530.00
201602	38,265	PROF	\$6,268,825 Visit	35,842.00
201603	38,703	PROF	\$6,756,837 Visit	39,255.00
201604	38,577	PROF	\$6,257,425 Visit	36,823.00
201605	38,594	PROF	\$6,501,028 Visit	37,134.00
201606	38,590	PROF	\$6,712,986 Visit	37,616.00
201607	38,433	PROF	\$5,834,296 Visit	33,435.00
201608	37,664	PROF	\$6,641,813 Visit	37,220.00
201609	37,088	PROF	\$6,328,700 Visit	35,599.00
201610	37,022	PROF	\$6,323,852 Visit	36,462.00
201611	36,181	PROF	\$6,122,435 Visit	34,290.00
201612	33,439	PROF	\$5,651,900 Visit	29,420.00
201701	34,634	PROF	\$6,081,352 Visit	31,690.00
201702	35,060	PROF	\$7,383,608 Visit	39,080.00

RPT_YR_MTH	MEMB_CNT	SERVC_CTGY_CD	ULTMT_ALLWD_AMT Utilization Un	it Utilization
201401	7,418	OTHR	\$138,846 Service	850.00
201402	9,025	OTHR	\$204,961 Service	1,055.00
201403	10,320	OTHR	\$293,757 Service	1,440.00
201404	11,168	OTHR	\$263,401 Service	1,650.00
201405	12,443	OTHR	\$417,703 Service	1,504.00
201406	13,802	OTHR	\$431,427 Service	2,016.00
201407	16,256	OTHR	\$511,877 Service	2,273.00
201408	18,515	OTHR	\$541,563 Service	2,194.00
201409	20,802	OTHR	\$639,226 Service	2,769.00
201410	22,705	OTHR	\$767,493 Service	3,134.00
201411	25,280	OTHR	\$747,563 Service	3,241.00
201412	38,029	OTHR	\$1,210,240 Service	5,313.00
201501	37,788	OTHR	\$1,173,889 Service	4,805.00
201502	37,691	OTHR	\$1,149,120 Service	4,518.00
201503	37,675	OTHR	\$1,175,419 Service	5,211.00
201504	37,643	OTHR	\$1,316,590 Service	5,366.00
201505	37,323	OTHR	\$1,066,935 Service	4,365.00
201506	37,220	OTHR	\$1,206,808 Service	5,191.00
201507	37,169	OTHR	\$1,242,009 Service	4,930.00
201508	36,937	OTHR	\$1,228,486 Service	5,318.00
201509	36,915	OTHR	\$1,130,709 Service	4,765.00
201510	36,736	OTHR	\$1,200,467 Service	5,064.00
201511	36,893	OTHR	\$1,005,558 Service	4,453.00
201512	36,475	OTHR	\$1,223,214 Service	5,287.00
201601	37,936	OTHR	\$1,039,217 Service	4,599.00
201602	38,265	OTHR	\$1,124,773 Service	4,766.00
201603	38,703	OTHR	\$1,271,085 Service	5,507.00
201604	38,577	OTHR	\$1,101,183 Service	5,206.00
201605	38,594	OTHR	\$1,259,814 Service	5,384.00
201606	38,590	OTHR	\$1,511,779 Service	5,541.00
201607	38,433	OTHR	\$1,213,001 Service	4,765.00
201608	37,664	OTHR	\$1,355,920 Service	5,890.00
201609	37,088	OTHR	\$1,218,046 Service	4,431.00
201610	37,022	OTHR	\$1,071,143 Service	4,495.00
201611	36,181	OTHR	\$1,223,992 Service	4,307.00
201612	33,439	OTHR	\$1,395,048 Service	3,962.00
201701	34,634	OTHR	\$1,049,029 Service	3,518.00
201702	35,060	OTHR	\$1,047,467 Service	4,086.00

RPT_YR_MTH	MEMB_CNT	SERVC_CTGY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	7,418	RX	\$358,357	Script	3,383.00
201402	9,025	RX	\$621,733	Script	5,606.00
201403	10,320	RX	\$1,015,807	Script	8,245.00
201404	11,168	RX	\$1,128,385	Script	8,973.00
201405	12,443	RX	\$1,236,865	Script	9,940.00
201406	13,802	RX	\$1,454,488	Script	10,821.00
201407	16,256	RX	\$1,868,197	Script	12,931.00
201408	18,515	RX	\$1,862,162	Script	14,423.00
201409	20,802	RX	\$2,243,994	Script	16,811.00
201410	22,705	RX	\$2,675,779		18,850.00
201411	25,280	RX	\$2,611,038		19,251.00
201412	38,029	RX	\$4,599,459	Script	33,567.00
201501	37,788	RX	\$4,450,672	Script	31,353.00
201502	37,691	RX	\$4,059,454	Script	28,203.00
201503	37,675	RX	\$4,629,040		31,223.00
201504	37,643	RX	\$4,762,836	·	30,339.00
201505	37,323	RX	\$4,465,233	·	30,080.00
201506	37,220	RX	\$4,740,016	Script	30,313.00
201507	37,169	RX	\$4,837,803	·	30,214.00
201508	36,937	RX	\$4,723,022	·	29,461.00
201509	36,915	RX	\$4,669,373		29,251.00
201510	36,736	RX	\$5,238,483		30,578.00
201511	36,893	RX	\$4,674,219	·	29,658.00
201512	36,475	RX	\$5,539,579	·	31,830.00
201601	37,936	RX	\$4,647,645	·	29,217.00
201602	38,265	RX	\$5,012,481		30,850.00
201603	38,703	RX	\$5,815,563	·	33,665.00
201604	38,577	RX	\$5,529,040	·	31,464.00
201605	38,594	RX	\$5,507,622		32,125.00
201606	38,590	RX	\$6,148,909		31,661.00
201607	38,433	RX	\$5,905,042	·	30,141.00
201608	37,664	RX	\$6,084,880	·	31,577.00
201609	37,088	RX	\$5,261,444	·	29,733.00
201610	37,022	RX	\$5,665,716		29,988.00
201611	36,181	RX	\$5,279,833		30,056.00
201612	33,439	RX	\$5,390,690	·	29,407.00
201701	34,634	RX	\$5,371,675	·	29,386.00
201702	35,060	RX	\$5,438,583	Script	28,238.00

RPT_YR_MTH	MEMB_CNT	SERVC_CTGY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization	Premium	Incurred Claims
201401	7,418	All	\$2,816,359	n/a	n/a	3,366,675	\$2,113,489
201402	9,025	All	\$3,235,527	n/a	n/a	3,732,241	\$2,496,771
201403	10,320	All	\$4,489,829	n/a	n/a	4,364,654	\$3,574,334
201404	11,168	All	\$4,911,804	n/a	n/a	4,771,471	\$4,012,384
201405	12,443	All	\$5,346,828	n/a	n/a	5,305,053	\$4,422,718
201406	13,802	All	\$5,950,852	n/a	n/a	5,928,618	\$4,989,575
201407	16,256	All	\$6,957,294	n/a	n/a	7,090,278	\$5,819,775
201408	18,515	All	\$8,690,045	n/a	n/a	8,189,435	\$7,484,605
201409	20,802	All	\$9,444,533	n/a	n/a	9,464,244	\$8,045,176
201410	22,705	All	\$12,896,912	n/a	n/a	10,398,951	\$11,407,622
201411	25,280	All	\$10,424,526	n/a	n/a	11,553,834	\$9,075,011
201412	38,029	All	\$18,031,967	n/a	n/a	18,491,108	\$15,570,507
201501	37,788	All	\$18,537,115	n/a	n/a	18,255,612	\$15,198,826
201502	37,691	All	\$15,692,790	n/a	n/a	18,062,447	\$13,134,864
201503	37,675	All	\$18,657,629	n/a	n/a	15,299,962	\$16,021,041
201504	37,643	All	\$18,713,444	n/a	n/a	18,149,629	\$16,291,157
201505	37,323	All	\$17,956,123	n/a	n/a	18,152,384	\$15,750,807
201506	37,220	All	\$19,326,605	n/a	n/a	18,108,442	\$17,189,161
201507	37,169	All	\$19,223,897	n/a	n/a	18,145,160	\$17,167,146
201508	36,937	All	\$17,855,033	n/a	n/a	18,176,360	\$15,887,977
201509	36,915	All	\$17,908,012	n/a	n/a	18,265,188	\$16,066,546
201510	36,736	All	\$19,910,939	n/a	n/a	18,262,720	\$17,861,853
201511	36,893	All	\$17,499,627	n/a	n/a	18,474,685	\$15,705,549
201512	36,475	All	\$19,534,253	n/a	n/a	19,013,490	\$17,318,645
201601	37,936	All	\$20,672,044	n/a	n/a	19,461,853	\$16,693,927
201602	38,265	All	\$20,125,838	n/a	n/a	19,691,533	\$16,532,176
201603	38,703	All	\$23,463,755	n/a	n/a	19,850,004	\$20,029,525
201604	38,577	All	\$20,401,839	n/a	n/a	19,828,230	\$16,913,301
201605	38,594	All	\$20,950,718	n/a	n/a	19,807,063	\$17,812,597
201606	38,590	All	\$22,595,534	n/a	n/a	19,857,625	\$19,511,846
201607	38,433	All	\$20,812,013	n/a	n/a	19,759,352	\$18,362,252
201608	37,664	All	\$22,716,582	n/a	n/a	19,330,516	\$19,911,040
201609	37,088	All	\$20,953,131	n/a	n/a	19,059,307	\$18,235,895
201610	37,022	All	\$20,617,803	n/a	n/a	19,014,969	\$17,959,679
201611	36,181	All	\$20,476,764	n/a	n/a	18,660,654	\$17,637,215
201612	33,439	All	\$18,829,499	n/a	n/a	17,633,146	\$15,858,350
201701	34,634	All	\$19,361,601	n/a	n/a	18,043,398	\$16,147,994
201702	35,060	All	\$19,327,708	n/a	n/a	18,281,809	\$15,743,962

# Group Hospitalization & Medical Services, Inc. (GHMSI) (NAIC # 53007)

# Rate Filing # 2169 D.C. Small Group On/Off Exchange Products Rate Filing Effective 1/1/2018

**Actuarial Value Calculations** 

## CareFirst BlueCross BlueShield (GHMSI) DC Small Group

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6	Platinum - \$500/\$0 Ded, \$1500 OOP, \$10/\$20 - Hospital
7	Platinum - \$500/\$0 Ded, \$1500 OOP, \$10/\$20 - Freestanding
8	Gold - \$500/\$250 Ded, \$5000 OOP, \$15/\$30 - Hospital
9	Gold - \$500/\$250 Ded, \$5000 OOP, \$15/\$30 - Freestanding
10	Gold - \$1000/\$250 Ded, \$4000 OOP, \$15/\$30 - Hospital
11	Gold - \$1000/\$250 Ded, \$4000 OOP, \$15/\$30 - Freestanding
12	Gold - \$1500/\$250 Ded, \$3500 OOP, \$15/\$30 - Hospital
13	Gold - \$1500/\$250 Ded, \$3500 OOP, \$15/\$30 - Freestanding
14	Silver - \$1000/\$100 Ded, \$7150 OOP, \$40/\$80 - Hospital
15	Silver - \$1000/\$100 Ded, \$7150 OOP, \$40/\$80 - Freestanding
16	Silver - \$1500 Ded, \$5500 OOP, \$25/\$50 - Hospital
17	Silver - \$1500 Ded, \$5500 OOP, \$25/\$50 - Freestanding
18	Silver - \$2000 Ded, \$5500 OOP, \$25/\$50 - Hospital
19	Silver - \$2000 Ded, \$5500 OOP, \$25/\$50 - Freestanding
20	Platinum - HealthyBlue - \$500/\$0 Ded, \$1500 OOP, \$0/\$30 - Hospital
21	Platinum - HealthyBlue - \$500/\$0 Ded, \$1500 OOP, \$0/\$30 - Freestanding
22	Platinum - HealthyBlue - \$1000/\$0 Ded, \$1500 OOP, \$0/\$30 - Hospital
23	Platinum - HealthyBlue - \$1000/\$0 Ded, \$1500 OOP, \$0/\$30 - Freestanding
24	Gold - HealthyBlue - \$1500/\$0 Ded, \$7150 OOP, \$0/\$30 - Hospital
25	Gold - HealthyBlue - \$1500/\$0 Ded, \$7150 OOP, \$0/\$30 - Freestanding
26	Silver - HealthyBlue - \$2000 Ded, \$6550 OOP, \$0/\$45 - Hospital
27	Silver - HealthyBlue - \$2000 Ded, \$6550 OOP, \$0/\$45 - Freestanding
28	SHOP - BluePreferred PPO HSA/HRA 2000 80%/60%
29	SHOP - BluePreferred PPO 1000 90%/70%
30	Silver - BlueFund - \$1500 Ded, \$6350 OOP, \$25/\$50 - Hospital
31	Silver - BlueFund - \$1500 Ded. \$6350 OOP. \$25/\$50 - Freestanding

## CareFirst BlueCross BlueShield (GHMSI) DC Small Group

<u>Plan Name*</u>	Metal Level	<u>Actuarial</u> <u>Value</u>	Page #'s of AV Screenshot**	<u>Unique</u> <u>Plan</u>
BluePreferred PPO 1000 90%/70%	Gold	79.93%	29	No
BluePreferred PPO HSA/HRA 2000 80%/60%	Silver	71.35%	28	No
BluePreferred PPO Platinum 0	Platinum	91.01%	4, 5	Yes
BluePreferred PPO Platinum 500	Platinum	89.99%	6, 7	Yes
BluePreferred PPO Gold 500	Gold	80.43%	8, 9	Yes
BluePreferred PPO Silver 1000	Silver	71.93%	14, 15	Yes
BluePreferred PPO Gold 1000	Gold	80.59%	10, 11	Yes
BluePreferred PPO Gold 1500	Gold	80.84%	12, 13	Yes
BluePreferred PPO HSA/HRA Silver 1500	Silver	71.10%	16, 17	Yes
BluePreferred PPO Silver 1500 BlueFund HSA	Silver	71.42%	30, 31	Yes
BluePreferred PPO HSA/HRA Silver 2000	Silver	69.54%	18, 19	Yes
HealthyBlue PPO Platinum 500	Platinum	90.28%	20, 21	Yes
HealthyBlue PPO Platinum 1000	Platinum	89.76%	22, 23	Yes
HealthyBlue PPO Gold 1500	Gold	81.18%	24, 25	Yes
HealthyBlue PPO HSA/HRA Silver 2000	Silver	69.88%	26, 27	Yes

<sup>\*</sup>Plan Names that are bolded are SHOP plans. These will not have the metal level in the plan name.

<sup>\*\*</sup>For plans with two pages listed, the final blended AV will be located on the Hospital Inputs page.

#### **User Inputs for Plan Parameters**

te.s		
ntegrated Medical and Drug Deductible?	HSA/HRA Options	
Apply Inpatient Copay per Day?	HSA/HRA Employer Contribution?	Tie
y Skilled Nursing Facility Copay per Day?		

Apply Skilled Nursing Facility Copay per Day? Use Separate OOP Maximum for Medical and Drug Spending?

**Tiered Network Option** ered Network Plan? 1st Tier Utilization: Annual Contribution Amount: 2nd Tier Utilization:

Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier Platinum

	Tier 1 Plan Benefit Design				
	Medical Drug Combined				
Deductible (\$)	\$0.00	\$0.00			
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%			
MOOP (\$)	\$1,500.00				
MOOP if Separate (\$)					

Tier 2 Plan Benefit Design						
Medical	Drug	Combined				

	Tie	er 1			Т	ier 2		Tier 1	Tier 2
Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	•	•	Copay, if separate		-
☐ All	☐ All			✓ All	✓ All			☐ All	All
>			\$100.00	~	<b>&gt;</b>			>	
>			\$200.00	✓	✓			<b>&gt;</b>	
			\$10.00	☑	V				
			\$20.00	V	✓				
			\$10.00	V	V				
>			\$200.00	✓	✓			<b>&gt;</b>	
			\$20.00	V	V				
			\$20.00	✓	✓				
		100%	\$0.00			100%	\$0.00		
			\$10.00	✓	✓				
			\$20.00		✓				
>			\$20.00	V	✓			>	
V			\$70.63	<b>V</b>	✓			✓	
>			\$20.00	V	V			>	
	☐ All			<b>✓</b> All	<b>✓</b> All			<b>✓</b> All	☐ All
Y			\$10.00	~	~			N	
			\$45.00	V	V			>	
			\$65.00		✓			V	
>	~	50%		V	V				
	Deductible?  All  V  V  V  V  V  V  V  V  V  V  V  V	Subject to Deductible? Coinsurance?  All All All  V	Deductible?   Coinsurance?   different     All	Subject to Deductible?   Coinsurance?   different   Separate     All	Subject to Deductible?   Coinsurance;   Copay,     Subject to Deductible?   Coinsurance;   different   Separate   Deductible?	Subject to Deductible?   Coinsurance; if Deductible?   Coinsurance; if different   Subject to Deductible?   Coinsurance; if different   Subject to Deductible?   Coinsurance; if separate   Subject to Deductible?   Coinsurance; if separate   Subject to Deductible?   Coinsurance; if	Subject to Deductible?   Coinsurance, if Deductible?   Coinsurance, if Deductible?   Coinsurance, if Deductible?   Coinsurance?   different   Separate   Deductible?   Coinsurance?   different   Coinsurance?   Coinsurance.   Coinsurance	Subject to Deductible?   Coinsurance?   Coinsurance, if Deductible?   Coinsurance?   Coinsuran	Subject to Deductible?   Coinsurance, if Deductible

OP Facility Surgery	\$ 150	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 70.63	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<b>V</b>
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of	
Copays?	
#Copays (1-10):	

Plan Description:

Name: [Input Plan Name] Plan HIOS ID: [Input Plan HIOS ID] Issuer HIOS ID: [Input Issuer HIOS ID] **Specialty Drugs** Tier 4 Tier 5

Coins Max Weighting 100 78% 150 22% \$ 110.85

Weights

Output

Calculate Status/Error Messages:

Calculation Successful.

90.95% Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Actuarial Value:

Metal Tier:

0.1367 seconds Calculation Time:

Revised 2018 AV Calculator

Hospital SoS AV Freestanding SoS AV Final Blended AV\*

90.95% 91.26% 91.01%

<sup>\*</sup>Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

#### AV Calculator - BluePreferred PPO Platinum 0

User Inputs for Plan Parameters												
Use Integrated Medical and Drug Deductible			HSA/HRA Options		Tiered Ne	twork Option						
Apply Inpatient Copay per Day	? 🗆	HSA/HRA Employ	yer Contribution?		Tiered Netwo	rk Plan?						
Apply Skilled Nursing Facility Copay per Day	? 🗆	Ammond Combail			1st Tier Uti	lization:						
Use Separate OOP Maximum for Medical and Drug Spending	? 🗆	Annual Contrib	oution Amount:		2nd Tier Uti	lization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard							•					
Desired Metal Tie												
		r 1 Plan Benefit De	esign		Tier 2 Plan I	Benefit Design						
	Medical	Drug	Combined			rug Combined						
Deductible (\$		\$0.00	Combined		.v.cu.cu.	.ug combineu						
Coinsurance (%, Insurer's Cost Share		100.00%										
MOOP (\$		500.00			1							
MOOP if Separate (\$		1										
MOOP II Separate (5	)											
Clint Have for large stock to stock to a		Tie	4			Tier 2		Tier 1	Tier 2	ī		
Click Here for Important Instructions	Cubinatan		Coinsurance, if	Conon if	Cubinatan Cubi		Caman if					
Type of Benefit	Subject to	Subject to		Copay, if		ect to Coinsurance, if		Copay applies				
	Deductible?	Coinsurance?	different	separate	Deductible? Coins		separate	deducti				
Medical	☐ All	☐ All		<u>.</u>		All		☐ All	All			
Emergency Room Services	<u> </u>			\$100.00				<u> </u>				
All Inpatient Hospital Services (inc. MHSU)	✓			\$200.00		7		✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$10.00	✓ .	7						
X-rays)				Ģ10.00		_			_			
Specialist Visit				\$20.00	✓ .	2						
Mental/Behavioral Health and Substance Use Disorder Outpatient	I			\$10.00		7						
Services				\$10.00	<b>V</b>							
Imaging (CT/PET Scans, MRIs)				\$50.00	<b>V</b>	4						
Speech Therapy				\$20.00	V (	2						
				400.00		7						
Occupational and Physical Therapy		Ш		\$20.00		=						
Preventive Care/Screening/Immunization			100%	\$0.00		100%	\$0.00					
Laboratory Outpatient and Professional Services				\$10.00	✓ .	7						
X-rays and Diagnostic Imaging				\$20.00	✓ .	7						
Skilled Nursing Facility	✓			\$20.00		1		✓			Copays	Weigh
						_						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$50.00		2						
Outpatient Surgery Physician/Surgical Services				\$20.00		7				OP Facility Surgery	\$ 50	100
Drugs	✓ All	□ All		Ģ20.00	✓ All	/ All		✓ All	□ All	OP Facility Non-Surgery		0
Generics	✓			\$10.00		<u></u>		✓		1 ' ' '		
Preferred Brand Drugs	V			\$45.00				V				
Non-Preferred Brand Drugs	<u> </u>			\$65.00				V				
Specialty Drugs (i.e. high-cost)	V	$\overline{\mathbf{z}}$	50%	303.00		7						
	·											
Options for Additional Benefit Design Limits:	2 [4]	7	Plan Description: Name:		1					Specialty Drugs	Coins Max W	/eighting
Set a Maximum on Specialty Rx Coinsurance Payments				[Input Plan Nar						Fier 4	\$ 100	78
Specialty Rx Coinsurance Maximum				[Input Plan HIC						Fier 5	\$ 150	22
Set a Maximum Number of Days for Charging an IP Copay			Issuer HIOS ID:	[Input Issuer H	IOS IDJ					ner 5	\$ 110.85	22
# Days (1-10)											ÿ 110.03	
Begin Primary Care Cost-Sharing After a Set Number of Visits												
# Visits (1-10)												
Begin Primary Care Deductible/Coinsurance After a Set Number of	f 🗌											
Copays												
# Copays (1-10)	:											
Output												
Calculate												
Status/Error Messages:	Calculation Succ	essful.										
Actuarial Value:	91.26%											
Metal Tier:	Platinum											
	NOTE: Service-s	pecific cost-sharin	g is applying for se	ervice(s) with fa	c/prof components, or	erriding outpatient inp	uts for those se	rvice(s).				
Additional Notes:			=		•							
Calculation Time:	0.0977 seconds											
Revised 2018 AV Calculator	5.0577 SECONUS											
NEVISEU 2010 AV CAICUIALUI												

#### **User Inputs for Plan Parameters**

arameters				
Use Integrated Medical and Drug Deductible?	HSA/HRA Options	Tiered Network Option		
Apply Inpatient Copay per Day?	HSA/HRA Employer Contribution?	Tiered Network Plan?		
Apply Skilled Nursing Facility Copay per Day?	Annual Contribution Amount:	1st Tier Utilization:		
OP Maximum for Medical and Drug Spending?	Annual Contribution Amount:	2nd Tier Utilization:		

Use Separate OOP Maximum for Medical and Drug Spending?
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier
Platinum

	Tier	1 Plan Benefit De	sign
	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$1,50	00.00	
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design											
Medical	Drug	Combined									

Click Here for Important Instructions			Tie		Tier 1	Tier 2				
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	-	Coinsurance, if different	Copay, if	Copay applie deduc	
Medical	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	airrerent	separate	aeauc	TIBLE?
Emergency Room Services	<u> </u>			\$100.00	7	7			7	
All Inpatient Hospital Services (inc. MHSU)				\$200.00	<u> </u>	<u> </u>			<u> </u>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)				\$10.00	V	<b>V</b>				
Specialist Visit				\$20.00	V	<u> </u>				
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$10.00	<b>V</b>	✓				
Imaging (CT/PET Scans, MRIs)	>			\$200.00	<b>V</b>	V			<b>&gt;</b>	
Speech Therapy				\$20.00	V	V				
Occupational and Physical Therapy				\$20.00	v	✓				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	>			\$10.00	V	V			>	
X-rays and Diagnostic Imaging	>			\$20.00	V	~			>	
Skilled Nursing Facility	>			\$20.00	V	<u> </u>			>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V			\$70.63	V	✓			✓	
Outpatient Surgery Physician/Surgical Services	>			\$20.00	V	<b>V</b>			>	
Drugs	<b>✓</b> All	☐ All			✓ All	<b>✓</b> All			<b>✓</b> All	All
Generics	V			\$10.00	~	~			N	
Preferred Brand Drugs	V			\$45.00	✓	V			V	
Non-Preferred Brand Drugs	>			\$65.00	V	V			>	
Specialty Drugs (i.e. high-cost)	>	~	50%		<b>&gt;</b>	V				

OP Facility Surgery	\$ 150	21%
OP Facility Non-Surgery	\$ 50	79%
	\$ 70.63	

Weights

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?

Specialty Rx Coinsurance Maximum:

S110.85

Set a Maximum Number of Days for Charging an IP Copay?

# Days (1-10):

Begin Primary Care Cost-Sharing After a Set Number of Visits?

# Visits (1-10):

Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?

Name:[Input Plan Name]Plan HIOS ID:[Input Plan HIOS ID]Issuer HIOS ID:[Input Issuer HIOS ID]

 Specialty Drugs
 Coins Max
 Weighting

 Tier 4
 \$ 100
 78%

 Tier 5
 \$ 150
 22%

 \$ 110.85
 \$ 110.85

Output

Calculate
Status/Error Messages: Calculation Successful.

# Copays (1-10):

Actuarial Value: 89.69% Metal Tier: Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0625 seconds

Revised 2018 AV Calculator

Hospital SoS AV Freestanding SoS AV Final Blended AV\* 89.69% 91.26% **89.99%** 

<sup>\*</sup>Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

#### AV Calculator - PPO Platinum 500

User Inputs for Plan Parameters												
Use Integrated Medical and Drug Deductible			HSA/HRA Options		Tiered Network	Option						
Apply Inpatient Copay per Day	? 🗆	HSA/HRA Employ	yer Contribution?		Tiered Network Pla	n? 🗌						
Apply Skilled Nursing Facility Copay per Day	? 🗆	Ammond Combail			1st Tier Utilizatio	in:						
Use Separate OOP Maximum for Medical and Drug Spending	? 🗆	Annual Contril	oution Amount:		2nd Tier Utilizatio	in:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard					_		•					
Desired Metal Tie												
		r 1 Plan Benefit De	sign		Tier 2 Plan Benef	it Design	1					
	Medical	Drug	Combined		Medical Drug	Combined						
Deductible (\$		\$0.00	Combined		curcui Drug	Combined						
Coinsurance (%, Insurer's Cost Share		100.00%										
MOOP (\$		500.00			-							
MOOP if Separate (\$		1					l					
MOOP II Separate (5	)											
Clint Have for large start to the ethics.		Tie	4			Tier 2		Tier 1	Tier 2			
Click Here for Important Instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to Subject to		Copay, if	Copay applies		-		
Type of Benefit	Deductible?	Coinsurance?	different		Deductible? Coinsurance			deducti				
Medical	All	□ All	amerent	separate	✓ All ✓ All	er amerent	separate	☐ All	□ All			
				¢400.00				V All		-		
Emergency Room Services	V			\$100.00								
All Inpatient Hospital Services (inc. MHSU)	✓			\$200.00								
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$10.00	✓ ✓							
X-rays)												
Specialist Visit				\$20.00	<b>V V</b>							
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$10.00	<b>▽</b>							
Services												
Imaging (CT/PET Scans, MRIs)				\$50.00	V V							
Speech Therapy				\$20.00	V V							
				\$20.00	✓ ✓							
Occupational and Physical Therapy				\$20.00				ш				
Preventive Care/Screening/Immunization			100%	\$0.00		100%	\$0.00					
Laboratory Outpatient and Professional Services				\$10.00	✓ ✓							
X-rays and Diagnostic Imaging				\$20.00	✓ ✓							
Skilled Nursing Facility	~			\$20.00	✓ ✓			✓			Copays	Weight
Outside the first the first term of the first te				ć=0.00	<b>u u</b>							
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$50.00								
Outpatient Surgery Physician/Surgical Services				\$20.00	✓ ✓					OP Facility Surgery	\$ 50	1009
Drugs	<b>✓</b> All	☐ All			✓ All ✓ All			✓ All	☐ All	OP Facility Non-Surgery		09
Generics	<b>&gt;</b>			\$10.00	V V			✓		1		
Preferred Brand Drugs	~			\$45.00	✓ ✓			<b>▽</b>				
Non-Preferred Brand Drugs	<b>V</b>			\$65.00				✓				
Specialty Drugs (i.e. high-cost)	V	✓	50%	· · · · · · · · · · · · · · · · · · ·								
Options for Additional Benefit Design Limits:			Plan Description:									
Set a Maximum on Specialty Rx Coinsurance Payments	> ▼	7	Name:	[Input Plan Nai	mel					Specialty Drugs	Coins Max V	Weighting
Specialty Rx Coinsurance Maximum				[Input Plan HIC						Γier 4	\$ 100	789
Set a Maximum Number of Days for Charging an IP Copay			Issuer HIOS ID:							Γier 5	\$ 150	229
# Days (1-10)			issuer riios ib.	[IIIput Issuel II	103 101						\$ 110.85	
Begin Primary Care Cost-Sharing After a Set Number of Visits												
#Visits (1-10)												
Begin Primary Care Deductible/Coinsurance After a Set Number of												
Copays' # Copays (1-10)												
	:	J										
Output												
Calculate	Calandarian Cons											
Status/Error Messages:	Calculation Succ	esstui.										
Actuarial Value:	91.26%											
Metal Tier:	Platinum											
	NOTE: Service-s	pecific cost-sharin	g is applying for se	ervice(s) with fa	c/prof components, overrid	ing outpatient inp	uts for those se	rvice(s).				
Additional Notes:												
Calculation Time:	0.0781 seconds											
Revised 2018 AV Calculator												

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible? Apply Inpatient Copay per Day?			HSA/HRA Options yer Contribution?	П		red Network O Network Plan?							
Apply Skilled Nursing Facility Copay per Day? Use Separate OOP Maximum for Medical and Drug Spending?			bution Amount:		1st °	Tier Utilization: Tier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?					2.10	ner otmzación							
Desired Metal Tier													
		1 Plan Benefit De	·			2 Plan Benefit							
5 1 (4)	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$) Coinsurance (%, Insurer's Cost Share)	\$500.00 100.00%	\$250.00 100.00%											
MOOP (\$)		00.00				1							
MOOP if Separate (\$)													
			_				•				•		
lick Here for Important Instructions			er 1	,			er 2	,	Tier 1	Tier 2			
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies deducti	-			
Medical	☐ All	□ All	umerent	зерагасе	✓ All	✓ All	unierent	separate	☐ All	□ All			
mergency Room Services	V			\$250.00	V	✓			Y				
II Inpatient Hospital Services (inc. MHSU)	<b>∑</b>			\$400.00	V	✓			\script{\sinte\sint\sint\sint\sint\sint\sint\sint\sint				
rimary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$15.00	✓	✓							
-rays)				\$30.00						<del></del>			
pecialist Visit /ental/Behavioral Health and Substance Use Disorder Outpatient				\$30.00	✓	✓			Ш				
ervices				\$15.00	✓	✓							
maging (CT/PET Scans, MRIs)	✓			\$400.00	✓	✓			V				
peech Therapy				\$30.00	✓	✓							
				\$30.00	✓	⊽							
Occupational and Physical Therapy					_								
reventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00	V				
aboratory Outpatient and Professional Services -rays and Diagnostic Imaging	V			\$30.00 \$60.00	<b>∨</b>	✓			V				
killed Nursing Facility	<u> </u>			\$30.00					V			Copays	Weights
													_
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y			\$101.57	✓	✓			V				
Outpatient Surgery Physician/Surgical Services	>			\$30.00	V	<u> </u>			זכ		OP Facility Surgery	\$ 300	21%
Drugs	✓ All	□ All		440.00	✓ All	✓ All			✓ All	All	OP Facility Non-Surgery	\$ 50 \$ 101.57	79%
enerics referred Brand Drugs	<u> </u>			\$10.00 \$45.00	V	✓			V			3 101.57	
Ion-Preferred Brand Drugs	Ž			\$65.00	V	V				ä			
pecialty Drugs (i.e. high-cost)	V	<u> </u>	50%	φουίου		<u> </u>							
ptions for Additional Benefit Design Limits:			Plan Description:								•		
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nan	ne]						Specialty Drugs		Weighting
Specialty Rx Coinsurance Maximum:				[Input Plan HIO	-						Tier 4 Tier 5	\$ 100 \$ 150	78% 22%
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]						Her 5	\$ 110.85	22/0
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?												7	
#Visits (1-10):													
Begin Primary Care Deductible/Coinsurance After a Set Number of		1											
Copays?													
#Copays (1-10):		J											
Dutput  Calculate													
	Calculation Succe	essful.											
	80.07%												
	Gold												
	NOTE: Service-sp	ecific cost-sharin	g is applying for se	rvice(s) with fa	c/prof compon	ents, overridin	g outpatient inpu	its for those se	ervice(s).				
dditional Notes:													
	0.0898 seconds										Hospital SoS AV	80.07%	
evised 2018 AV Calculator											Freestanding SoS AV	81.97%	
											Final Blended AV*	80.43%	

\*Blending assumes a weight of 81% for Hospital SoS

and 19% for Freestanding SoS

#### AV Calculator - BluePreferred PPO Gold 500

User Inputs for Plan Parameters												
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	1	Tie	ered Network C	ption					
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	d Network Plan	? <b>□</b>					
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st	Tier Utilization	:					
Use Separate OOP Maximum for Medical and Drug Spending?		Aillidal Colleil	bation Amount.		2nd	Tier Utilization	:					
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?												
Desired Metal Tier												
		1 Plan Benefit D				r 2 Plan Benefit						
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)	\$500.00	\$250.00										
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%										
MOOP (\$)	\$5,0	00.00										
MOOP if Separate (\$)												
Click Here for Important Instructions		Ti	er 1			-	ier 2		Tier 1	Tier 2		
Click Here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie			
Type of Benefit	Deductible?	Coinsurance?	different	separate	-	Coinsurance?		separate	deduct	-		
Medical	☐ All	□ All	unierent	separate	✓ All	✓ All	umerent	separate	☐ All	□ All		
Emergency Room Services	✓			\$250.00	V	<u> </u>			Z			
All Inpatient Hospital Services (inc. MHSU)	V			\$400.00	7	<u> </u>			V			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and					·······							
X-rays)				\$15.00	✓	✓						
Specialist Visit				\$30.00	$\mathbf{r}$	<b>V</b>						
Mental/Behavioral Health and Substance Use Disorder Outpatient	_	_										
Services				\$15.00	~	✓						
Imaging (CT/PET Scans, MRIs)				\$200.00	V	✓						
Speech Therapy				\$30.00	V	V						
				\$30.00	<b>V</b>	✓				П		
Occupational and Physical Therapy				\$30.00								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00				
Laboratory Outpatient and Professional Services				\$15.00	V	<u> </u>						
X-rays and Diagnostic Imaging				\$30.00	<b>V</b>	<u> </u>						
Skilled Nursing Facility	✓			\$30.00	V	<b>V</b>			V			Copays Weigh
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$200.00	✓	✓						
				400.00	<b>▽</b>	<b>▽</b>				П	OP Facility Surgery	\$ <b>200</b> 100
Outpatient Surgery Physician/Surgical Services	✓ All	□ All		\$30.00	✓ All	✓ All			✓ All	 □ All	OP Facility Non-Surgery	<del>3 200</del> 100
Drugs Generics	All			\$10.00	V AII	V All			All		or rucinty from surgery	
Preferred Brand Drugs	<u> </u>			\$45.00	<u>~</u>	<u>~</u>						
Non-Preferred Brand Drugs	Ž			\$65.00	<b>V</b>	V			Z		**	
Specialty Drugs (i.e. high-cost)	V	- Z	50%	303.00		7				— H		
Options for Additional Benefit Design Limits:			Plan Description								-	
Set a Maximum on Specialty Rx Coinsurance Payments?	<b>V</b>		Name:	Input Plan Nan	nel						Specialty Drugs	Coins Max Weighting
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO							Tier 4	<b>\$ 100</b> 78
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:		-						Tier 5	<b>\$ 150</b> 22
# Days (1-10):					•							\$ 110.85
Begin Primary Care Cost-Sharing After a Set Number of Visits?												
# Visits (1-10):												
Begin Primary Care Deductible/Coinsurance After a Set Number of												
Copays?												
# Copays (1-10):		]										
Output												
Calculate												
Status/Error Messages:	Calculation Suco	essful.										
Actuarial Value:	81.97%											
Metal Tier:	Gold											
	NOTE: Service-sp	pecitic cost-sharir	ng is applying for s	ervice(s) with fa	c/prot compor	nents, overridin	g outpatient inpu	its for those se	ervice(s).			
Additional Notes:												
Calculation Time:	0.082 seconds											
Revised 2018 AV Calculator												

User Inputs for Plan Parameters													
Use Integrated Medical and Drug Deductible?	_		HSA/HRA Options			red Network Op							
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?			Network Plan? Fier Utilization:							
Apply Skilled Nursing Facility Copay per Day? Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contrib	oution Amount:			Fier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	_				Zilu	nei otinzation.							
Desired Metal Tier													
		r 1 Plan Benefit De	esign		Tier	2 Plan Benefit D	esign						
	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$)		\$250.00											
Coinsurance (%, Insurer's Cost Share)		100.00%											
MOOP (\$)		00.00											
MOOP if Separate (\$)			ı										
Click Here for Important Instructions		Tie	r1			Tie	er 2		Tier 1	Tier 2	1		
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	-	Coinsurance, if			ies only after			
··	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	dedu	ctible?			
Medical Emergency Room Services	✓ All			\$250.00	✓ All	✓ All			<u> </u>	All			
All Inpatient Hospital Services (inc. MHSU)	V			\$400.00	<u> </u>	<u> </u>			☑				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and					•	·············				<del>-</del>			
X-rays)				\$15.00	✓	✓							
Specialist Visit				\$30.00	✓	<u> </u>							
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$15.00						_			
Services					~	✓							
Imaging (CT/PET Scans, MRIs)	V			\$400.00	✓	✓			V				
Speech Therapy				\$30.00	☑	<u> </u>							
				\$30.00	✓	✓							
Occupational and Physical Therapy			4000/	¢0.00			4000/	<u> </u>					
Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services	V		100%	\$0.00 \$30.00		✓	100%	\$0.00	V				
X-rays and Diagnostic Imaging	V			\$60.00					<u> </u>				
Skilled Nursing Facility	V			\$30.00		✓			V			Copays	Weights
										<u> </u>			
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$101.57	✓	✓			~				
Outpatient Surgery Physician/Surgical Services	>			\$30.00	V	V			V		OP Facility Surgery	\$ 300	21%
Drugs	✓ All	☐ All			✓ All	✓ All			✓ All	All	OP Facility Non-Surgery	\$ 50	79%
Generics				\$10.00	V	<u> </u>						\$ 101.57	
Preferred Brand Drugs	V			\$45.00	V	V			<b>V</b>				
Non-Preferred Brand Drugs Specialty Drugs (i.e. high-cost)	V		50%	\$65.00		✓ ✓							
Options for Additional Benefit Design Limits:	· ·	·	Plan Description:			<u>u</u>					J.		
Set a Maximum on Specialty Rx Coinsurance Payments?	<b>V</b>	7		Input Plan Nar	nel						Specialty Drugs	Coins Max	Weighting
Specialty Rx Coinsurance Maximum:				Input Plan HIO	-						Tier 4	\$ 100	78%
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:		-						Tier 5	\$ 150	22%
# Days (1-10):					-							\$ 110.85	
Begin Primary Care Cost-Sharing After a Set Number of Visits?													
# Visits (1-10):													
Begin Primary Care Deductible/Coinsurance After a Set Number of													
Copays?													
# Copays (1-10):		J											
Output Calculate													
Status/Error Messages:	Calculation Succ	essful											
Actuarial Value:	80.08%												
Metal Tier:	Gold												
	NOTE: Service-sp	oecific cost-sharin	g is applying for se	rvice(s) with fa	c/prof compon	ents, overriding	outpatient inpu	its for those se	rvice(s).				
Additional Notes:													
Calculation Time:	0.0938 seconds										Hospital SoS AV	80.08%	
Revised 2018 AV Calculator											Freestanding SoS AV	82.75%	
											Final Blended AV*	80.59%	

\*Blending assumes a weight of 81% for Hospital SoS

and 19% for Freestanding SoS

#### AV Calculator - BluePreferred PPO Gold 1000

User Inputs for Plan Parameters						_							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network O	ption						
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			Network Plan?							
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Γier Utilization:							
Use Separate OOP Maximum for Medical and Drug Spending?		7 tilliddi Collai	oution / unounti		2nd 1	Fier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?													
Desired Metal Tier		r 1 Plan Benefit D			Tier	2 Plan Benefit I	Da si su						
	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$)		\$250.00	Combined		ivieuicai	Drug	Combined						
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%											
MOOP (\$)		00.00				I							
MOOP if Separate (\$)													
		•	_				•				_		
Click Here for Important Instructions			er 1				er 2		Tier 1	Tier 2			
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if		Copay applies				
· · · · · · · · · · · · · · · · · · ·	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct				
Medical	☐ All	□ All		ć250.00	✓ All	✓ All			☐ All	All			
Emergency Room Services All Inpatient Hospital Services (inc. MHSU)	<b>▽</b>			\$250.00 \$400.00	> >	<b>V</b>			<b>V</b>		****		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				3400.00									
X-rays)				\$15.00	✓	~							
Specialist Visit	П			\$30.00	✓	~		•					
Mental/Behavioral Health and Substance Use Disorder Outpatient					•						****		
Services				\$15.00	✓	✓							
Imaging (CT/PET Scans, MRIs)				\$200.00	✓	~							
Speech Therapy				\$30.00	V	<u>~</u>							
				\$30.00	✓	✓							
Occupational and Physical Therapy													
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
Laboratory Outpatient and Professional Services				\$15.00		<b>▽</b>					***		
X-rays and Diagnostic Imaging Skilled Nursing Facility				\$30.00 \$30.00	<b>∨</b>	<u>v</u>			<u> </u>		****	Copays	Weigh
Skilled Nulsing Facility						······				······································	***	copays	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$200.00	✓	✓							
Outpatient Surgery Physician/Surgical Services			······································	\$30.00	<b>.</b>	V					OP Facility Surgery	\$ 200	100
Drugs	✓ All	☐ All			✓ All	<b>✓</b> All			<b>✓</b> All	All	OP Facility Non-Surgery		0
Generics				\$10.00	✓	~							
Preferred Brand Drugs	~			\$45.00	V	V			~				
Non-Preferred Brand Drugs	V			\$65.00	V	V			V				
Specialty Drugs (i.e. high-cost)	~	Y	50%		V	V							
Options for Additional Benefit Design Limits:		7	Plan Description:								Constally Down	Calmandani M	
Set a Maximum on Specialty Rx Coinsurance Payments?				Input Plan Nan							Specialty Drugs		eighting/
Specialty Rx Coinsurance Maximum:				Input Plan HIO							Tier 4 Tier 5	\$ 100 \$ 150	78 22
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	Input Issuer HI	OS IDJ						ilei 3	\$ 110.85	22
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?		4										Ψ 110.00	
#Visits (1-10):													
Begin Primary Care Deductible/Coinsurance After a Set Number of		-											
Copays?													
# Copays (1-10):													
Output		_'											
Calculate													
Status/Error Messages:		utside of [-4, +2]	percent de minimis	variation.									
Actuarial Value:	82.75%												
Metal Tier:	NOTES		ata analyt of										
Additional Makes	NOTE: Service-sp	pecific cost-sharir	ng is applying for se	rvice(s) with fa	c/prot compon	ents, overridin	g outpatient inpu	its for those ser	vice(s).				
Additional Notes:													
Calculation Time:	0.0977 seconds												
Revised 2018 AV Calculator	0.03// Seconds												
NEVISCO 2010 AV Calculator													

User Inputs for Plan Parameters													
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	5	Tie	ered Network O	ption						
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?							
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Tier Utilization:							
Use Separate OOP Maximum for Medical and Drug Spending?		Aimai Contin	batton Amount.		2nd	Tier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?													
Desired Metal Tier				_			-						
		1 Plan Benefit D				2 Plan Benefit I							
	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$)		\$250.00											
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%											
MOOP (\$)		00.00											
MOOP if Separate (\$)													
Click Here for Important Instructions		Ti.	er 1			Ti.	er 2		Tier 1	Tier 2	1		
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie				
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	•	separate	deduct	-			
Medical	☐ All	☐ All			✓ All	✓ All			☐ All	☐ All	i		
Emergency Room Services	>			\$250.00	~	✓			>				
All Inpatient Hospital Services (inc. MHSU)	<b>&gt;</b>			\$400.00	V	✓			>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				445.00	_	_				-			
X-rays)				\$15.00	~	ightharpoons							
Specialist Visit				\$30.00	✓	<b>&gt;</b>							
Mental/Behavioral Health and Substance Use Disorder Outpatient													
Services					~	✓							
Imaging (CT/PET Scans, MRIs)	V			\$400.00	~	✓			>				
Speech Therapy				\$30.00	V	V							
				\$30.00	✓	✓							
Occupational and Physical Therapy						_							
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
Laboratory Outpatient and Professional Services	Z			\$30.00	<u> </u>	V			<b>&gt;</b> [				
X-rays and Diagnostic Imaging	V			\$60.00	<u>~</u>	_			<b>&gt;</b> [				141-1-1-4-
Skilled Nursing Facility	<b>V</b>			\$30.00	V	✓			>			Copays	Weights
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•			\$101.57	✓	✓			✓				
Outpatient Surgery Physician/Surgical Services				\$30.00		Ø			V	П	OP Facility Surgery	\$ 300	21%
Drugs	✓ All	□ All		\$50.00	✓ All	✓ All			✓ All	□ All	OP Facility Non-Surgery	\$ 50	79%
Generics				\$10.00	V	<u> </u>					1, ,	\$ 101.57	
Preferred Brand Drugs	V			\$45.00		$\overline{\mathbf{v}}$					•		
Non-Preferred Brand Drugs	V			\$65.00		<u> </u>							
Specialty Drugs (i.e. high-cost)	<u> </u>	<u> </u>	50%	7-0-1-0	<u>~</u>	<u> </u>							
Options for Additional Benefit Design Limits:			Plan Description	:							•		
Set a Maximum on Specialty Rx Coinsurance Payments?	· •	1	Name:	[Input Plan Nan	ne]						Specialty Drugs	Coins Max	Weighting
Specialty Rx Coinsurance Maximum	\$110.85		Plan HIOS ID:	[Input Plan HIO	S ID]						Tier 4	\$ 100	78%
Set a Maximum Number of Days for Charging an IP Copay?	• 🔲		Issuer HIOS ID:	[Input Issuer HI	OS ID]						Tier 5	\$ 150	22%
# Days (1-10)												\$ 110.85	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	· 🗆												
# Visits (1-10)	:												
Begin Primary Care Deductible/Coinsurance After a Set Number of													
Copays													
# Copays (1-10)	:	J											
Output													
Calculate													
Status/Error Messages:	Calculation Succ	esstul.											
Actuarial Value:	80.24%												
Metal Tier:	Gold			de de carlos			habte end to t			Alexandra (1997)			
									covered at 100% by				
Additional Notes:	ueductible range	. NOTE: Service-	specific cost-shar	ing is applying to	r service(s) wit	ui rac/prof com	ponents, overridi	ng outpatient	inputs for those se	rvice(s).			
Calculation Time:	0.0781 seconds										Hospital SoS AV	80.24%	
Revised 2018 AV Calculator											Freestanding SoS AV	83.36%	
											Final Blended AV*	80.84%	

#### AV Calculator - BluePreferred PPO Gold 1500

User Inputs for Plan Parameters												
Use Integrated Medical and Drug Deductible			HSA/HRA Options		Tie	red Network C	ption					
Apply Inpatient Copay per Day	? 🗆	HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?	? 🗆					
Apply Skilled Nursing Facility Copay per Day?	? 🗆	A	h		1st <sup>-</sup>	Tier Utilization	:					
Use Separate OOP Maximum for Medical and Drug Spending	? 🗆	Annual Contri	bution Amount:		2nd	Tier Utilization	:					
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	· 🗆											
Desired Metal Tie	r Gold 🔻											
	Tie	r 1 Plan Benefit D	esign		Tier	2 Plan Benefit	Design					
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$	\$1,500.00	\$250.00										
Coinsurance (%, Insurer's Cost Share	100.00%	100.00%										
MOOP (\$		500.00				I.						
MOOP if Separate (\$												
moor ii separate (p												
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2		
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie			
Type of Benefit	Deductible?	Coinsurance?	different	separate	-	Coinsurance?		separate	deduct			
Medical	□ All	□ All	unierent	separate	✓ All	✓ All	umerent	separate	☐ All	□ All		
	✓ All			\$250.00	✓ All	✓ All			V			
Emergency Room Services					- 5	✓			<u> </u>			
All Inpatient Hospital Services (inc. MHSU)	V			\$400.00		<u> </u>						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$15.00	✓	✓						
X-rays)				<u> </u>	_							
Specialist Visit	<u> </u>			\$30.00		✓						
Mental/Behavioral Health and Substance Use Disorder Outpatient					✓	✓						
Services					_					_		
Imaging (CT/PET Scans, MRIs)				\$200.00	<u> </u>	<b>∠</b>						
Speech Therapy				\$30.00	✓	✓						
				\$30.00	✓	✓						
Occupational and Physical Therapy												
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00				
Laboratory Outpatient and Professional Services				\$15.00	V	<u>~</u>						
X-rays and Diagnostic Imaging				\$30.00	V	✓						
Skilled Nursing Facility	~			\$30.00	V	✓			~			Copays Weigh
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$200.00	✓	✓						
Outpatient racinty ree (e.g., Ambulatory Surgery Center)				\$200.00	_	_				_		
Outpatient Surgery Physician/Surgical Services				\$30.00	Ŋ	V					OP Facility Surgery	\$ <b>200</b> 100
Drugs	<b>✓</b> All	☐ All			✓ All	✓ All			<b>✓</b> All	☐ All	OP Facility Non-Surgery	
Generics				\$10.00	✓	✓						
Preferred Brand Drugs	V			\$45.00	V	✓			V			
Non-Preferred Brand Drugs	V			\$65.00	V	✓			✓			
Specialty Drugs (i.e. high-cost)	~	~	50%		<b>▽</b>	✓						
Options for Additional Benefit Design Limits:			Plan Description:								_	
Set a Maximum on Specialty Rx Coinsurance Payments	? ✔		Name:	[Input Plan Nat	me]						Specialty Drugs	Coins Max Weighting
Specialty Rx Coinsurance Maximum	\$110.85		Plan HIOS ID:	[Input Plan HIC	OS ID]						Tier 4	\$ <b>100</b> 78
Set a Maximum Number of Days for Charging an IP Copay	· 🗆		Issuer HIOS ID:	[Input Issuer H	IOS ID]						Tier 5	<b>\$ 150</b> 22
# Days (1-10)					•							\$ 110.85
Begin Primary Care Cost-Sharing After a Set Number of Visits												
# Visits (1-10)												
Begin Primary Care Deductible/Coinsurance After a Set Number of												
Copaysi												
# Copays (1-10)												
Output		_										
Calculate												
Status/Error Messages:	Error: Result is o	outside of [-4 +2]	percent de minimis	variation								
Actuarial Value:	83.36%	, a coluc of [-4, +2]	ye.cem de miniliis									
Metal Tier:	05.3070											
wictar rich.	NOTE: One or	ore convices are =	ot subject to the de	aductible and b	ave no consi:	Any sandos :::	th this cost shadin	a structuro i	overed at 1000/ L.	the plan in the		
A didded and all blocks are			ot subject to the de									
Additional Notes:	ueductible rang	e. NOTE: SerVICE-	specific cost-sharin	ig is abbiding to	or service(s) WIT	ii iac/proi com	iponents, overna	ing outpatient	inputs for those se	ivice(s).		
Calculation Time:	0.0938 seconds											
Revised 2018 AV Calculator												

User Inputs for Plan Parameters			
Use Integrated Medical and Drug Deductible?		HSA/HRA Options	Tiered Network Option
Apply Inpatient Copay per Day?	✓	HSA/HRA Employer Contribution?	Tiered Network Plan?
Apply Skilled Nursing Facility Copay per Day?	✓	Annual Contribution Amount:	1st Tier Utilization:
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contribution Amount:	2nd Tier Utilization:
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?			
Desired Metal Ties	Silver		

Desired Metal Tier	Silver		
	Tier	1 Plan Benefit De	sign
	Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$100.00	
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%	
MOOP (\$)	\$7,15	50.00	
MOOP if Separate (\$)			

Tier 2 Plan Benefit Design									
Medical	Drug	Combined							

Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2			
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	•	Coinsurance, if	Copay, if		es only after			
•	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate		ctible?			
Medical	<b>✓</b> All	All			✓ All	✓ All			<b>✓</b> All	All			
Emergency Room Services	✓			\$400.00	V	<b>✓</b>			~				
All Inpatient Hospital Services (inc. MHSU)	<b>&gt;</b>			\$500.00	V	<b>✓</b>			V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$40.00	✓	✓							
X-rays)	_				_	_			_				
Specialist Visit	>			\$80.00	V	<b>V</b>			<b>_</b>				
Mental/Behavioral Health and Substance Use Disorder Outpatient		П		\$40.00	✓	✓							
Services					_				_				
Imaging (CT/PET Scans, MRIs)	~			\$550.00	✓	<b>✓</b>			V				
Speech Therapy	V			\$80.00	✓	✓			<b>V</b>				
Occupational and Physical Therapy	V			\$80.00	✓	✓			V				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
Laboratory Outpatient and Professional Services			100%	\$100.00	V V	- H	100%	Ş0.00	V				
X-rays and Diagnostic Imaging	Ž			\$150.00					V				
Skilled Nursing Facility	V			\$80.00					7			Copays	Weights
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V			\$142.82	✓	✓			✓				
Outpatient Surgery Physician/Surgical Services	Y			\$80.00	>	V			V		OP Facility Surgery	\$ 500	21%
Drugs	<b>✓</b> All	All			✓ All	<b>✓</b> All			☐ All	☐ All	OP Facility Non-Surgery	\$ 50	79%
Generics				\$10.00	∨	✓						\$ 142.82	
Preferred Brand Drugs	>			\$45.00	V	✓			~				
Non-Preferred Brand Drugs	>			\$65.00	✓	<u>~</u>			~				
Specialty Drugs (i.e. high-cost)	>	V	50%		>	V							
Options for Additional Benefit Design Limits:		_	Plan Description	1:							<del>_</del> '		
Set a Maximum on Specialty Rx Coinsurance Payments?	>		Name:	[Input Plan Nan	ne]						Specialty Drugs		Weighting
Specialty Rx Coinsurance Maximum:	\$110.85		Plan HIOS ID:	[Input Plan HIO	S ID]						Tier 4	\$ 100	78%
Set a Maximum Number of Days for Charging an IP Copay?	✓	1	Issuer HIOS ID:	[Input Issuer HI	OS ID]						Tier 5	\$ 150	22%
11 5-1-1/4 (4)	-	1										\$ 110.85	

Options for Additional Benefit Design Limits:	
Set a Maximum on Specialty Rx Coinsurance Payments?	~
Specialty Rx Coinsurance Maximum:	\$110.85
Set a Maximum Number of Days for Charging an IP Copay?	~
# Days (1-10):	5
Begin Primary Care Cost-Sharing After a Set Number of Visits?	
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of	
Copays?	
# Copays (1-10):	

\$ 110.85

Output Calculate

Status/Error Messages: Calculation Successful.

Actuarial Value: 71.68% Metal Tier: Silver

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time: 0.0781 seconds

Revised 2018 AV Calculator

**Hospital SoS AV** 71.68% 72.97% Freestanding SoS AV Final Blended AV\* 71.93%

				Inputs	for Freestanding	z Site-of-Service							
User Inputs for Plan Parameters						•							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	•	Tio	red Network Op	ation						
						•							
Apply Inpatient Copay per Day?		HSA/HKA EMPIO	yer Contribution?	<u> </u>		Network Plan?							
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Tier Utilization:							
Use Separate OOP Maximum for Medical and Drug Spending?					2nd T	Tier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?													
Desired Metal Tier	Silver 🔻												
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit D	Design						
	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$)	\$1,000.00	\$100.00	Combined		Wicarcai	Diug	Combined						
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%											
MOOP (\$)		50.00											
MOOP if Separate (\$)													
Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2			
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	s only after			
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduct				
A A . di . d	✓ All		unierent	separate		✓ All	umerent	separate	✓ All	□ All			
Medical		All			✓ All								
Emergency Room Services	<u> </u>			\$400.00		_			<u> </u>				
All Inpatient Hospital Services (inc. MHSU)	>			\$500.00	V	V			∨				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				ć40.00									
(-rays)				\$40.00	✓	✓							
Specialist Visit	<b>V</b>			\$80.00	✓	<b>V</b>			V		***		
Mental/Behavioral Health and Substance Use Disorder Outpatient											•••		
				\$40.00	✓	✓							
Services	<b>V</b>				<b>.</b>	<b>V</b>			✓				
maging (CT/PET Scans, MRIs)				\$250.00						<del></del>			
Speech Therapy	V			\$80.00	<b>▽</b>	✓			✓				
	✓			\$80.00	✓	✓			✓				
Occupational and Physical Therapy				\$60.00									
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
aboratory Outpatient and Professional Services	V			\$25.00					✓		***		
K-rays and Diagnostic Imaging	V			\$50.00					<u> </u>				
Skilled Nursing Facility	<u> </u>			\$80.00	V	<u> </u>			✓			Copays	Weight
skilled Nursing Facility		Ш		\$80.00		•			<u> </u>			copays	vvc.g
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$300.00	✓	<b>▽</b>			✓				
Outpatient Surgery Physician/Surgical Services	V			\$80.00	V	V			Y		OP Facility Surgery	\$ 300	1009
Drugs	<b>✓</b> All	☐ All			✓ All	✓ All			☐ All	☐ All	OP Facility Non-Surgery		09
Generics				\$10.00	✓	✓							
Preferred Brand Drugs	~			\$45.00	✓	✓			✓				
Non-Preferred Brand Drugs	V			\$65.00	✓	<b>V</b>			V				
Specialty Drugs (i.e. high-cost)	~	<u> </u>	50%	*******	1 💆	<u> </u>							
		-									_		
Options for Additional Benefit Design Limits:		1	Plan Description		,						Specialty Drugs	Coins Max We	iahtina
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nar	-								
Specialty Rx Coinsurance Maximum:				[Input Plan HIC							Tier 4	\$ 100	789
Set a Maximum Number of Days for Charging an IP Copay?	~		Issuer HIOS ID:	[Input Issuer HI	OS ID]						Tier 5	\$ 150	229
# Days (1-10):	5											\$ 110.85	
Begin Primary Care Cost-Sharing After a Set Number of Visits?													
#Visits (1-10):	_												
Begin Primary Care Deductible/Coinsurance After a Set Number of													
Copays?													
# Copays (1-10):													
Output													
Calculate													
Status/Error Messages:	Error: Result is o	utside of [-4, +2]	percent de minim	is variation.									
Actuarial Value:	72.97%												
Metal Tier:													
	NOTE: Service or	ecific cost-sharin	ng is applying for s	envice(s) with fo	c/prof compos	ents overriding	outnatient inne	ts for those c	anvice(s)				
And district and Alichana	INDIE. SEIVICE-SE	rearre cost-stidfff	P 19 abbiling 101 2	civice(s) Witillid	c, pror compone	Lines, overrium	, outpatient nipu	is for those st	-1 v1CC(3).				
Additional Notes:													
Calculation Time:	0.1094 seconds												
Revised 2018 AV Calculator													

User Inputs for Plan Parameters													
Use Integrated Medical and Drug Deductible?			HSA/HRA Option:			red Network O							
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	· 🗆		Network Plan?							
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			Tier Utilization:							
Use Separate OOP Maximum for Medical and Drug Spending?	_				2nd T	Tier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?													
Desired Metal Tier				-									
		r 1 Plan Benefit De				2 Plan Benefit I							
Deducable (A)	Medical	Drug	Combined	-	Medical	Drug	Combined						
Deductible (\$)			\$1,500.00										
Coinsurance (%, Insurer's Cost Share) MOOP (\$)		<u> </u>	100.00% \$5,500.00	4									
MOOP (3)			\$3,300.00	_									
MOOF II Separate (5)													
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2	1		
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		ies only after			
	Deductible?	Coinsurance?	different	separate			different	separate		ctible?			
Medical	<b>☑</b> All	☐ All			✓ All	✓ All			<b>Y</b> All	☐ All			
Emergency Room Services	<u> </u>			\$250.00					N				
All Inpatient Hospital Services (inc. MHSU)	V			\$500.00	V	V			>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓			\$25.00	✓	✓			V				
X-rays)													
Specialist Visit	V			\$50.00	✓	<b>&gt;</b>			V				
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓			\$25.00	✓	✓			<b>&gt;</b>				
Services				\$500.00									
Imaging (CT/PET Scans, MRIs) Speech Therapy				\$50.00					V				
Speecii iiieiapy				\$30.00	✓	<u> </u>							
Occupational and Physical Therapy	~			\$50.00	✓	✓			Y				
Preventive Care/Screening/Immunization		П	100%	\$0.00			100%	\$0.00			•		
Laboratory Outpatient and Professional Services			100/0	\$150.00			20070	ψ0.00	>				
X-rays and Diagnostic Imaging	V			\$200.00		<u> </u>							
Skilled Nursing Facility	<u> </u>			\$50.00		<u> </u>						Copays	Weights
	V			64.42.02	✓	<u> </u>			Y				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$142.82	_					_			
Outpatient Surgery Physician/Surgical Services	>			\$50.00	V	V			N		OP Facility Surgery	\$ 500	21%
Drugs	<b>✓</b> All	☐ All			✓ All	✓ All			<b>✓</b> All	☐ All	OP Facility Non-Surgery	\$ 50	79%
Generics	✓			\$10.00	✓	✓			Y			\$ 142.82	
Preferred Brand Drugs	V			\$45.00	<b>∠</b>	<u></u>			V				
Non-Preferred Brand Drugs	V			\$65.00	Z	V			N				
Specialty Drugs (i.e. high-cost)	V	V	50%		✓	<b>V</b>							
Options for Additional Benefit Design Limits:		٦	Plan Description								Specialty Drugs	Coins Max \	Weighting
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nar	-						Tier 4	\$ 100	78%
Specialty Rx Coinsurance Maximum:		_	Plan HIOS ID:	[Input Plan HIO	-						Tier 5	\$ 150	22%
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	IOS IDJ						ner 3	\$ 110.85	22/0
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?		4										Ţ 110.05	
#Visits (1-10):													
Begin Primary Care Deductible/Coinsurance After a Set Number of													
Copays?													
# Copays (1-10):													
Output		_											
Calculate													
Status/Error Messages:	Calculation Succ	essful.											
Actuarial Value:	70.94%												
Metal Tier:	Silver												
	NOTE: Service-sp	pecific cost-sharin	g is applying for s	ervice(s) with fa	c/prof compone	ents, overridin	g outpatient inpu	its for those se	rvice(s).				
Additional Notes:													
Calculation Time:	0.0625 seconds										Hospital SoS AV	70.94%	
Revised 2018 AV Calculator											Freestanding SoS AV	71.78%	
											Final Blended AV*	71.10%	

				Inputs	for Freestandin	g Site-of-Service	9					
User Inputs for Plan Parameters	_											
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			ered Network O						
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			Network Plan?						
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Tier Utilization						
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contin	bation Amount.		2nd	Tier Utilization	:					
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?												
Desired Metal Tier	Silver ▼											
	Tie	r 1 Plan Benefit D	esign		Tier	2 Plan Benefit	Design					
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)			\$1,500.00									
Coinsurance (%, Insurer's Cost Share)			100.00%									
MOOP (\$)			\$5,500.00									
MOOP if Separate (\$)												
		•					_					
Click Here for Important Instructions		Tie	er 1			Ti	ier 2		Tier 1	Tier 2		
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	es only after		
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduc			
Medical	<b>✓</b> All	☐ All			✓ All	<b>✓</b> All			<b>y</b> A∥	☐ All		
Emergency Room Services	V			\$250.00	<b>&gt;</b>	>			>			
All Inpatient Hospital Services (inc. MHSU)	✓			\$500.00	<b>V</b>	✓			V			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$25.00						_		
X-rays)	✓			\$25.00	✓	✓			V			
Specialist Visit	V			\$50.00	<b>▽</b>	✓			N			
Mental/Behavioral Health and Substance Use Disorder Outpatient				¢25.00		_				_		
Services	V			\$25.00	✓	✓			Y			
Imaging (CT/PET Scans, MRIs)	✓			\$250.00	✓	✓			V		••••	
Speech Therapy	~			\$50.00	V	V			S			
											****	
Occupational and Physical Therapy	✓			\$50.00	✓	✓			V			
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00				
Laboratory Outpatient and Professional Services				\$25.00		V			V			
X-rays and Diagnostic Imaging	$\overline{\mathbf{z}}$			\$50.00	<u> </u>	<u> </u>			<u> </u>			
Skilled Nursing Facility	V			\$50.00					V		****	Copays Weigh
						······				<del></del>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$300.00	✓	✓			V			
Outpatient Surgery Physician/Surgical Services	~		······································	\$50.00	<b>7</b>	<b>▽</b>			<b>&gt;</b>		OP Facility Surgery	<b>\$ 300</b> 100
Drugs	✓ All	All		Ç30.00	✓ All	✓ All			✓ All	□ All	OP Facility Non-Surgery	0
Generics	<u> </u>			\$10.00	<b>V</b>	<u> </u>			<b>&gt;</b>			
Preferred Brand Drugs	V			\$45.00		v v			V			
Non-Preferred Brand Drugs	V			\$65.00		<u> </u>			V		***	
Specialty Drugs (i.e. high-cost)	V	<u> </u>	50%	<del>303.00</del>	1 5	V				H		
Options for Additional Benefit Design Limits:	· ·					<u> </u>						
Set a Maximum on Specialty Rx Coinsurance Payments?		7	Plan Description:		1						Specialty Drugs	Coins Max Weighting
				[Input Plan Nar							Tier 4	\$ <b>100</b> 78
Specialty Rx Coinsurance Maximum:				[Input Plan HIC							Tier 5	\$ 150 22
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer H	105 10]						ner 3	\$ 110.85
# Days (1-10):												<b>J</b> 110.03
Begin Primary Care Cost-Sharing After a Set Number of Visits?												
#Visits (1-10):												
Begin Primary Care Deductible/Coinsurance After a Set Number of												
Copays?												
# Copays (1-10):												
Output												
Calculate												
Status/Error Messages:	Calculation Succ	cessful.										
Actuarial Value:	71.78%											
Metal Tier:	Silver											
	NOTE: Service-s	pecific cost-sharir	ng is applying for se	rvice(s) with fa	c/prof compon	ents, overridin	g outpatient inpu	its for those se	rvice(s).			
Additional Notes:												
Calculation Time:	0.0781 seconds											
Revised 2018 AV Calculator												

Subject to

✓ All

Deductible? Coinsurance?

User Inputs for Plan Parameters			•
Use Integrated Medical and Drug Deductible?	~	HSA/HRA Options	Tiered Network Option
Apply Inpatient Copay per Day?	✓	HSA/HRA Employer Contribution?	Tiered Network Plan?
Apply Skilled Nursing Facility Copay per Day?	~	Annual Contribution Amount:	1st Tier Utilization:
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contribution Amount:	2nd Tier Utilization:
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?			
Desired Matel Ties	Silver		

Tier 1

Coinsurance, if

different

Copay, if

separate

\$250.00

\$500.00

Subject to

Coinsurance?

☐ All

Desired Metal Her	SHVCI								
	Tier 1 Plan Benefit Design								
	Medical	Drug	Combined						
Deductible (\$)			\$2,000.00						
Coinsurance (%, Insurer's Cost Share)			100.00%						
MOOP (\$)			\$5,500.00						
MOOP if Separate (\$)									

Subject to

Deductible?

**✓** All

Y

~

Tier	2 Plan Benefit [	Design
Medical	Drug	Combined

✓ All

<u>></u>

Tier 2

Subject to Coinsurance, if Copay, if

different

Tier 1

**✓** All

>

~

Copay applies only after

deductible?

Tier 2

/ III III patient nospital services (inc. ivii iso)				φ500.00							4		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	<b>V</b>			\$25.00	V	<b>V</b>			V				
X-rays)						•					4		
Specialist Visit	>			\$50.00	<b>V</b>	~			V		4		
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$25.00					S				
Services	V	Ш		\$25.00	✓	~			•		4		
Imaging (CT/PET Scans, MRIs)	V			\$500.00	~	V			V				
Speech Therapy	>			\$50.00	✓	V			V				
Occupational and Physical Therapy	V			\$50.00	✓	✓			V				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00			4		
Laboratory Outpatient and Professional Services			100%	\$50.00			100%	Ş0.00	V		4		
					<u> </u>				V	H	4		
X-rays and Diagnostic Imaging		<u> </u>		\$100.00							4	C	Weights
Skilled Nursing Facility	Y			\$50.00	V	V			Y		4	Copays	weights
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	ightharpoons			\$122.19	✓	✓			•				
Outpatient Surgery Physician/Surgical Services	<b>\</b>			\$50.00	V	V			V		OP Facility Surgery	\$ 400	21%
Drugs	<b>▼</b> All	☐ All			✓ All	<b>✓</b> All			<b>✓</b> All	☐ All	OP Facility Non-Surgery	\$ 50	79%
Generics	>			\$10.00	~	<b>V</b>			<b>\</b>		4	\$ 122.19	
Preferred Brand Drugs	>			\$45.00	✓	✓			>		4		
Non-Preferred Brand Drugs	>			\$65.00	✓	V			>				
Specialty Drugs (i.e. high-cost)	>	~	50%		~	V					4		
Options for Additional Benefit Design Limits:			Plan Descriptio	n:									
Set a Maximum on Specialty Rx Coinsurance Payments?	~		Name:	[Input Plan Nar	ne]						Specialty Drugs	Coins Max V	Weighting
Specialty Rx Coinsurance Maximum:	\$110.85		Plan HIOS ID:	[Input Plan HIO	S ID]						Tier 4	\$ 100	78%
Set a Maximum Number of Days for Charging an IP Copay?	✓		Issuer HIOS ID:	[Input Issuer HI	IOS ID]						Tier 5	\$ 150	22%
# Days (1-10):	3											\$ 110.85	

Output

Calculate Status/Error Messages:

Click Here for Important Instructions

All Inpatient Hospital Services (inc. MHSU)

**Emergency Room Services** 

Type of Benefit

Medical

Begin Primary Care Cost-Sharing After a Set Number of Visits?

Begin Primary Care Deductible/Coinsurance After a Set Number of

Actuarial Value: Metal Tier:

Additional Notes:

Calculation Time: Revised 2018 AV Calculator Calculation Successful.

69.44% Silver

# Visits (1-10):

Copays? # Copays (1-10):

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

0.0781 seconds

\*Blending assumes a weight of 81% for Hospital SoS and 19% for Freestanding SoS

69.44%

69.98%

69.54%

**Hospital SoS AV** 

Freestanding SoS AV

Final Blended AV\*

				Inputs	s for Freestandin	g Site-of-Service							
User Inputs for Plan Parameters	_												
Use Integrated Medical and Drug Deductible?			<b>HSA/HRA Options</b>			red Network O							
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			Network Plan?							
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Tier Utilization:							
Use Separate OOP Maximum for Medical and Drug Spending?					2nd	Tier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?													
Desired Metal Tier				1									
		1 Plan Benefit D				2 Plan Benefit I							
	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$)			\$2,000.00										
Coinsurance (%, Insurer's Cost Share)			100.00%										
MOOP (\$)			\$5,500.00										
MOOP if Separate (\$)													
Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2	1		
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie				
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduct				
Medical	✓ All	☐ All			✓ All	✓ All			<b>✓</b> All	☐ All	1		
Emergency Room Services	V			\$250.00	<b>V</b>	~			~		1		
All Inpatient Hospital Services (inc. MHSU)	<b>V</b>			\$500.00	\ \ \	<u>~</u>			✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and						_							
X-rays)	✓			\$25.00	ightharpoons	✓			✓				
Specialist Visit	V			\$50.00	V	V			V				
Mental/Behavioral Health and Substance Use Disorder Outpatient				40= 00	-	_				_			
Services	✓			\$25.00	✓	~			V				
Imaging (CT/PET Scans, MRIs)	~			\$250.00	✓	~			~				
Speech Therapy	V			\$50.00	V	V			<b>&gt;</b>				
	✓			\$50.00	✓	✓			V	П			
Occupational and Physical Therapy				\$30.00					-				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
Laboratory Outpatient and Professional Services	<b>&gt;</b>			\$25.00	V	V			<b>&gt;</b>				
X-rays and Diagnostic Imaging	V		***************************************	\$50.00	✓	V			V				
Skilled Nursing Facility	<b>&gt;</b>			\$50.00	V	V			<b>&gt;</b>			Copays	Weights
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$300.00	✓	✓			✓				
Outpatient Surgery Physician/Surgical Services	V			\$50.00	<b>V</b>	<b>V</b>			~		OP Facility Surgery	\$ 300	100%
Drugs	<b>✓</b> All	☐ All			✓ All	✓ All			<b>✓</b> All	All	OP Facility Non-Surgery		0%
Generics	~			\$10.00	~	~			~				
Preferred Brand Drugs	~			\$45.00	✓	V			~				
Non-Preferred Brand Drugs	•			\$65.00	✓	V			V				
Specialty Drugs (i.e. high-cost)	V	~	50%		V	V							
Options for Additional Benefit Design Limits:			Plan Description	:							_		
Set a Maximum on Specialty Rx Coinsurance Payments?	~		Name:	[Input Plan Nar	me]						Specialty Drugs		Weighting
Specialty Rx Coinsurance Maximum:	\$110.85		Plan HIOS ID:	[Input Plan HIC	S ID]						Tier 4	\$ 100	78%
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	3		Issuer HIOS ID:	[Input Issuer H	IOS ID]						Tier 5	\$ 150 \$ 110.85	22%
Begin Primary Care Cost-Sharing After a Set Number of Visits?													
# Visits (1-10):													
Begin Primary Care Deductible/Coinsurance After a Set Number of													
Copays?		ĺ											
# Copays (1-10):		]											
Output													
Calculate	Calandaria C	6 . 1											
Status/Error Messages:	Calculation Succe	esstui.											
Actuarial Value:	69.98%												
Metal Tier:	Silver	ocific cost short	or ic applicants	onicole\i+b f-	c/prof come -	onte ou amidi	outpationt in	te for these	nuico(s)				
Additional Notac	NOTE: Service-sp	Jecinic cost-snarir	ng is applying for s	ervice(s) with ta	ic/bioi combou	ienis, overnaing	s outpatient inpu	its for those se	ivice(S).				
Additional Notes:													

Calculation Time:

Revised 2018 AV Calculator

0.0781 seconds

User Inputs for Plan Parameters													
Use Integrated Medical and Drug Deductible?			HSA/HRA Option:	5	Tie	ered Network O	ption						
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	· 🗆	Tiered	d Network Plan?							
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Tier Utilization:							
Use Separate OOP Maximum for Medical and Drug Spending?		Aimai Contin	batton Amount.		2nd	Tier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?													
Desired Metal Tier				_									
		r 1 Plan Benefit D				r 2 Plan Benefit I							
	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$)		\$0.00											
Coinsurance (%, Insurer's Cost Share)		100.00%											
MOOP (\$)		00.00											
MOOP if Separate (\$)													
Click Here for Important Instructions		Ti	er 1			T:	er 2		Tier 1	Tier 2	7		
Click Here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if		es only after			
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate		ctible?			
Medical	☐ All	☐ All	umerent	Separate	✓ All	✓ All	unrerene	se parace	☐ All	All			
Emergency Room Services		— <del>L</del>		\$200.00	V	✓							
All Inpatient Hospital Services (inc. MHSU)	<u> </u>			\$500.00	<u> </u>	✓			<u> </u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				7	·····	······································				·····			
X-rays)					✓	✓							
Specialist Visit				\$30.00	V	✓							
Mental/Behavioral Health and Substance Use Disorder Outpatient													
Services					✓	✓							
Imaging (CT/PET Scans, MRIs)	~			\$200.00	V	✓			<b>V</b>				
Speech Therapy				\$30.00	V	V							
				¢20.00	V	✓							
Occupational and Physical Therapy				\$30.00	•								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
Laboratory Outpatient and Professional Services	<b>&gt;</b>			\$15.00	V	V			<b>&gt;</b>				
X-rays and Diagnostic Imaging	~			\$30.00	V	✓			~				
Skilled Nursing Facility	~			\$30.00	V	✓			~			Copays	Weights
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$80.94	✓	✓			V				
	<u> </u>				_   	— ✓					OP Facility Surgery	\$ 200	21%
Outpatient Surgery Physician/Surgical Services	_			\$30.00	✓ All	✓ All				□ □ All	OP Facility Surgery OP Facility Non-Surgery	\$ 50	79%
Drugs	✓ All	All		40.00	✓ All	✓ All			✓ All	All	OF Facility Non-Surgery	\$ 80.94	75/0
Generics Durform d Broad Broad	<u> </u>			\$0.00 \$45.00	<u>∨</u>	✓						Ş 60.5 <del>4</del>	
Preferred Brand Drugs Non-Preferred Brand Drugs	V			\$45.00	Ž	Ž			<u> </u>	<b></b>			
Specialty Drugs (i.e. high-cost)	<u> </u>	<u> </u>	50%	\$65.00		✓				H			
Options for Additional Benefit Design Limits:			Plan Description	•	· ·	•							
Set a Maximum on Specialty Rx Coinsurance Payments?	· 🔽	1	Name:	[Input Plan Nar	nel						Specialty Drugs	Coins Max \	Weighting
Specialty Rx Coinsurance Maximum	_		Plan HIOS ID:	[Input Plan HIO	-						Tier 4	\$ 100	78%
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:		-						Tier 5	\$ 150	22%
# Days (1-10)			10540111105121	[pac issaci iii	00.0,							\$ 110.85	
Begin Primary Care Cost-Sharing After a Set Number of Visits?		-										<u> </u>	
# Visits (1-10)													
Begin Primary Care Deductible/Coinsurance After a Set Number of													
Copaysi													
# Copays (1-10)													
Output		_											
Calculate													
Status/Error Messages:	Calculation Succ	essful.											
Actuarial Value:	89.79%												
Metal Tier:	Platinum												
	NOTE: One or me	ore services are n	ot subject to the	deductible and h	ave no copay.	Any service with	h this cost-sharing	g structure is c	overed at 100% by	y the plan in the			
Additional Notes:									inputs for those s				
Calculation Time:	0.0938 seconds										Heavital CaC AV	00 700/	
Revised 2018 AV Calculator											Hospital SoS AV Freestanding SoS AV	89.79% 92.37%	
											Final Blended AV*	90.28%	
											i iilai bicilaca Av	30.28/0	

User Inputs for Plan Parameters												
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			ered Network O						
Apply Inpatient Copay per Day		HSA/HRA Emplo	yer Contribution?			l Network Plan?						
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Tier Utilization:						
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contin	bation Amount.		2nd	Tier Utilization:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?												
Desired Metal Tie												
		r 1 Plan Benefit D				2 Plan Benefit						
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$		\$0.00										
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%										
MOOP (\$	,	500.00										
MOOP if Separate (\$			_									
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2	1	
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies			
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?		•	separate	deduct	-		
Medical	☐ All	☐ All			✓ All	✓ All			☐ All	☐ All		
Emergency Room Services				\$200.00	~	<b>✓</b>						
All Inpatient Hospital Services (inc. MHSU)	✓			\$500.00	~	✓			✓			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and												
X-rays)					✓	✓						
Specialist Visit				\$30.00	V	V						
Mental/Behavioral Health and Substance Use Disorder Outpatient					~	✓						
Services						_						
Imaging (CT/PET Scans, MRIs)				\$100.00	V	<b>V</b>						
Speech Therapy				\$30.00	7	<b>V</b>						
				\$30.00	✓	✓						
Occupational and Physical Therapy												
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00				
Laboratory Outpatient and Professional Services					N C	Z						
X-rays and Diagnostic Imaging					V	V						Copavs Weigh
Skilled Nursing Facility	✓			\$30.00	V	✓			<b>Z</b>			Copays Weigh
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$100.00	✓	✓						
Outpatient Surgery Physician/Surgical Services				\$30.00	<b>~</b>	<b>~</b>					OP Facility Surgery	\$ <b>100</b> 100
Outpatient Surgery Physician/Surgical Services  Drugs	✓ All	□ All		\$30.00	▼ All	✓ All			✓ All	□ All	OP Facility Non-Surgery	7 100
Generics	✓ ~			\$0.00	▼ Aii	V A			<b>V</b>			
Preferred Brand Drugs	V		***************************************	\$45.00	✓	V			V		***	
Non-Preferred Brand Drugs				\$65.00		V			<u> </u>			
Specialty Drugs (i.e. high-cost)	<u> </u>	<u> </u>	50%	φου.σο		V					***	
Options for Additional Benefit Design Limits:			Plan Description:								_	
Set a Maximum on Specialty Rx Coinsurance Payments?	· •	7		Input Plan Nan	nel						Specialty Drugs	Coins Max Weighting
Specialty Rx Coinsurance Maximum				Input Plan HIO							Tier 4	<b>\$ 100</b> 78
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:								Tier 5	<b>\$ 150</b> 22
# Days (1-10)					•							\$ 110.85
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1										
# Visits (1-10)	:											
Begin Primary Care Deductible/Coinsurance After a Set Number of	f 🗌											
Copays	?											
# Copays (1-10)	:											
Output		<del>_</del>										
Calculate												
Status/Error Messages:		outside of [-4, +2]	percent de minimis	variation.								
Actuarial Value:	92.37%											
Metal Tier:												
			ot subject to the de									
Additional Notes:	deductible rang	e. NOTE: Service-	specific cost-sharin	g is applying fo	r service(s) wi	th fac/prof com	ponents, overridi	ng outpatient	inputs for those se	rvice(s).		
Calculation Time:	0.0781 seconds											
Revised 2018 AV Calculator												

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?		HSA/HRA Options			Tie	ered Network O	ption						
Apply Inpatient Copay per Day?		HSA/HRA Employer Contribution?				Network Plan?							
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			Tier Utilization:							
Use Separate OOP Maximum for Medical and Drug Spending?		7 tilliadi contin	outron / miouriti		2nd	Tier Utilization:	:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?													
Desired Metal Tier		1 Plan Benefit De		1	Tion	· 2 Plan Benefit	Design						
	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$)	\$1,000.00	\$0.00	Combined		ivieuicai	Diug	Combined						
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%											
MOOP (\$)		00.00				1							
MOOP if Separate (\$)													
,			_										
lick Here for Important Instructions		Tie	er 1			Ti	ier 2		Tier 1	Tier 2			
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	-		Copay, if	Copay applie	-			
Medical	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct	Tible?			
mergency Room Services				\$200.00	✓ A	<u> </u>							
II Inpatient Hospital Services (inc. MHSU)	<u> </u>			\$500.00	7	7			<u> </u>				
rimary Care Visit to Treat an Injury or Illness (exc. Preventive, and				7		······							
-rays)					✓	✓							
pecialist Visit				\$30.00	✓	<b>V</b>							
Mental/Behavioral Health and Substance Use Disorder Outpatient						_				_			
ervices					~	✓							
maging (CT/PET Scans, MRIs)	V			\$200.00	<b>V</b>	✓			V				
peech Therapy				\$30.00	✓	<u>~</u>							
				\$30.00	✓	✓							
Occupational and Physical Therapy				<del>, 30.00</del>									
reventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
aboratory Outpatient and Professional Services	<u> </u>			\$15.00		<u> </u>			<u> </u>				
-rays and Diagnostic Imaging	<b>&gt;</b> [			\$30.00	V	V			V				147-1-1-4-
killed Nursing Facility	Ŋ			\$30.00	V	✓			V			Copays	Weights
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~			\$80.94	✓	✓			✓				
hubantinat Curan Dhusialan /Curainal Caminas				¢20.00		<b>~</b>			<b>v</b>	П	OP Facility Surgery	\$ 200	21%
Outpatient Surgery Physician/Surgical Services  Drugs	✓ All	□ All		\$30.00	✓ All	✓ All			✓ All	☐ All	OP Facility Non-Surgery	\$ 50	79%
enerics	V			\$0.00	▼ All	V All			V		or rueme, non ourger,	\$ 80.94	7570
referred Brand Drugs	V			\$45.00		✓			V			<u> </u>	
Ion-Preferred Brand Drugs	V			\$65.00		<u> </u>			<u> </u>				
pecialty Drugs (i.e. high-cost)	V	<u> </u>	50%	303.00		<u> </u>				Ä			
Options for Additional Benefit Design Limits:			Plan Description								l		
Set a Maximum on Specialty Rx Coinsurance Payments?	<b>V</b>		Name:	[Input Plan Nan	nel						Specialty Drugs	Coins Max V	Weighting
Specialty Rx Coinsurance Maximum:				[Input Plan HIO	-						Tier 4	\$ 100	78%
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:								Tier 5	\$ 150	22%
# Days (1-10):					-							\$ 110.85	
Begin Primary Care Cost-Sharing After a Set Number of Visits?													
# Visits (1-10):													
Begin Primary Care Deductible/Coinsurance After a Set Number of													
Copays?													
# Copays (1-10):													
Output													
Calculate													
tatus/Error Messages:	Calculation Succe	essful.											
ctuarial Value:	89.12%												
Metal Tier:	Platinum			and continue and the			de abota casas about			Alexander to At			
Line Land									overed at 100% by				
dditional Notes:	deductible range	. NOTE: Service-	specific cost-shari	ng is applying to	r service(s) wit	ui iac/prot com	ponents, overridi	ing outpatient	inputs for those se	rvice(s).			
	0.0781 seconds										Hospital SoS AV	89.12%	
evised 2018 AV Calculator											Freestanding SoS AV	92.44%	
											Final Blended AV*	89.76%	

User Inputs for Plan Parameters												
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	ered Network O	ption					
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?	? 🗆					
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st	Tier Utilization	:					
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contin	button Amount.		2nd	Tier Utilization	:					
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?												
Desired Metal Tier												
		r 1 Plan Benefit D				2 Plan Benefit						
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)	\$1,000.00	\$0.00										
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%										
MOOP (\$)	\$1,5	600.00										
MOOP if Separate (\$)												
Click Here for Important Instructions		т.	er 1			т:	ier 2		Tier 1	Tier 2		
Click Here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie			
Type of Benefit	Deductible?	Coinsurance?	different	separate	-	Coinsurance?		separate	deduct	-		
Medical	☐ All	□ All	umerent	separate	✓ All	✓ All	umerent	separate	☐ All	∏ All		
Emergency Room Services				\$200.00	<b>→</b>	<u> </u>						
All Inpatient Hospital Services (inc. MHSU)	$\overline{\mathbf{Z}}$			\$500.00	<u> </u>	7			V			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and		······································		ψ300.00	······							
X-rays)					V	✓						
Specialist Visit				\$30.00	>	<b>V</b>					···	
Mental/Behavioral Health and Substance Use Disorder Outpatient	_	_										
Services					V	~						
Imaging (CT/PET Scans, MRIs)				\$100.00	>	V						
Speech Therapy				\$30.00	V	V						
				\$30.00	>	V				П		
Occupational and Physical Therapy				\$30.00								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00				
Laboratory Outpatient and Professional Services					<b>&gt;</b> [	<u></u>						
X-rays and Diagnostic Imaging					<b>&gt;</b> [	V						
Skilled Nursing Facility	✓			\$30.00	>	<b>V</b>			V			Copays Weigh
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$100.00	V	✓						
				400.00	7	<b> </b>					OP Facility Surgery	\$ <b>100</b> 100
Outpatient Surgery Physician/Surgical Services	✓ All			\$30.00	✓ All	✓ All			✓ All		OP Facility Non-Surgery	3 100
Drugs Generics	V All			\$0.00	✓ All	V All			V AII		or rucinty from surgery	
Preferred Brand Drugs	V			\$45.00	<u> </u>	<u>~</u>			V			
Non-Preferred Brand Drugs	Ž			\$65.00	] [>	V			Z		***	
Specialty Drugs (i.e. high-cost)	V	V	50%	\$03.00		<u> </u>				H		
Options for Additional Benefit Design Limits:			Plan Description	•							-	
Set a Maximum on Specialty Rx Coinsurance Payments?	<b>V</b>	1	Name:	Input Plan Nam	el						Specialty Drugs	Coins Max Weighting
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIOS							Tier 4	<b>\$ 100</b> 78
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:		-						Tier 5	<b>\$ 150</b> 22
# Days (1-10):					•							\$ 110.85
Begin Primary Care Cost-Sharing After a Set Number of Visits?												
# Visits (1-10):												
Begin Primary Care Deductible/Coinsurance After a Set Number of												
Copays?												
# Copays (1-10):		_										
Output												
Calculate												
Status/Error Messages:		utside of [-4, +2]	percent de minim	is variation.								
Actuarial Value:	92.44%											
Metal Tier:		_										
									covered at 100% by			
Additional Notes:	deductible range	e. NOTE: Service-	specific cost-shari	ng is applying for	service(s) wi	tn tac/prot com	ponents, overrid	ing outpatient	inputs for those se	rvice(s).		
Calculation Time:	0.1055 seconds											
Revised 2018 AV Calculator												

User Inputs for Plan Parameters													
Use Integrated Medical and Drug Deductible?			<b>HSA/HRA Options</b>		Tie	red Network Op	tion						
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?							
Apply Skilled Nursing Facility Copay per Day?		Americal Combin	handi a a Aanaa aana		1st 7	Tier Utilization:							
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd 1	Tier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?													
Desired Metal Tier	Gold ▼												
		1 Plan Benefit D	esign	1	Tier	2 Plan Benefit D	esign						
	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$)	\$1,500.00	\$0.00	Combined		ivicultui	Diug	combined						
Coinsurance (%, Insurer's Cost Share)	100.00%	100.00%											
MOOP (\$)		50.00											
	\$7,1	50.00		l									
MOOP if Separate (\$)													
		_				_	_				I		
Click Here for Important Instructions			er1			Tie			Tier 1	Tier 2			
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	•	Coinsurance, if		Copay appli				
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduc				
Medical	☐ All	All		<u> </u>	✓ All	✓ All			☐ All	All			
Emergency Room Services				\$200.00	_								
All Inpatient Hospital Services (inc. MHSU)	<b>&gt;</b>			\$500.00	V	V			V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and					✓	✓							
(-rays)					_								
Specialist Visit				\$30.00	>	V							
Mental/Behavioral Health and Substance Use Disorder Outpatient					✓	✓				П			
Services		Ш				_							
maging (CT/PET Scans, MRIs)	>			\$200.00	✓	<b>✓</b>			✓				
Speech Therapy				\$30.00	V	V							
Occupational and Physical Therapy				\$30.00	✓	✓							
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
aboratory Outpatient and Professional Services				\$30.00	<u> </u>				✓				
K-rays and Diagnostic Imaging				\$45.00		<u> </u>			<u> </u>				
Skilled Nursing Facility				\$30.00		<u> </u>			$\overline{\mathbf{v}}$			Copays	Weights
oninea nationity						······							
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	>			\$80.94	✓	✓			✓				
Outpatient Surgery Physician/Surgical Services	V	П		\$30.00		<b>~</b>				П	OP Facility Surgery	\$ 200	21%
Drugs	✓ All	□ All		\$30.00	✓ All	✓ All			✓ All	□ All	OP Facility Non-Surgery	\$ 50	79%
	V			\$0.00	V	V			V All		or ruemey rion surgery	\$ 80.94	, , , ,
Generics				\$45.00	V	<u>v</u>			V			ÿ 00.54	
Preferred Brand Drugs				\$65.00					V				
Non-Preferred Brand Drugs Specialty Drugs (i.e. high-cost)		<u> </u>	50%	\$05.00		<u>~</u>				H			
	V				V	<u>v</u>							
Options for Additional Benefit Design Limits:		1	Plan Description		,						Specialty Drugs	Coins Max V	Veighting
Set a Maximum on Specialty Rx Coinsurance Payments?	-		Name:	[Input Plan Nan	-						Tier 4	\$ 100	78%
Specialty Rx Coinsurance Maximum:				[Input Plan HIO	-						Tier 5	\$ 150	22%
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]						ner 5	\$ 110.85	22/0
# Days (1-10):												\$ 110.85	
Begin Primary Care Cost-Sharing After a Set Number of Visits?													
# Visits (1-10):													
Begin Primary Care Deductible/Coinsurance After a Set Number of													
Copays?													
# Copays (1-10):													
Output													
Calculate													
Status/Error Messages:	Calculation Succe	ssful.											
Actuarial Value:	79.91%												
	Gold												
		re services are n	ot subject to the d	eductible and h	ave no copay. A	Any service with	this cost-sharin	g structure is	covered at 100% by	the plan in the			
									inputs for those s				
				, 5	- (-,			2					
Calculation Time:	0.0701 cocondo												
	0.0781 seconds										Hospital SoS AV	79.91%	
Revised 2018 AV Calculator											Freestanding SoS AV	86.52%	
											Final Blended AV*	81.18%	

User Inputs for Plan Parameters						_						
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network C	ption					
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			Network Plan						
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Tier Utilization						
Use Separate OOP Maximum for Medical and Drug Spending?	_	Annual Contri	bation Amount.		2nd <sup>-</sup>	Tier Utilization	:					
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?												
Desired Metal Tier												
		r 1 Plan Benefit D				2 Plan Benefit						
Ded with a (A)	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)	\$1,500.00 100.00%	\$0.00 100.00%										
Coinsurance (%, Insurer's Cost Share) MOOP (\$)		.50.00				1						
MOOP (\$)	37,1	.30.00										
woor it separate (5)												
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2		
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie			
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?		•	separate	deduct			
Medical	☐ All	☐ All			✓ All	✓ All			☐ All	☐ All		
Emergency Room Services				\$200.00	<b>V</b>	<b>V</b>						
All Inpatient Hospital Services (inc. MHSU)	V			\$500.00	✓	V			V			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and					✓	✓						
X-rays)						<del></del>				<del></del>		
Specialist Visit				\$30.00	~	<b>V</b>						
Mental/Behavioral Health and Substance Use Disorder Outpatient					✓	✓						
Services					_					_		
Imaging (CT/PET Scans, MRIs)				\$100.00	<u> </u>	V						
Speech Therapy				\$30.00	✓	✓						
Occupational and Physical Therapy				\$30.00	✓	✓						
Preventive Care/Screening/Immunization			100%	\$0.00		П	100%	\$0.00				
Laboratory Outpatient and Professional Services			100%	Ş0.00		5	100%	\$0.00				
X-rays and Diagnostic Imaging						<u> </u>				Ä		
Skilled Nursing Facility	$\overline{\mathbf{z}}$			\$30.00		<u> </u>			V			Copays Weigh
	***************************************				<del></del>	······				······		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				\$100.00	✓	✓						
Outpatient Surgery Physician/Surgical Services			•••••••••••••••••••••••••••••••••••••••	\$30.00	∨	V					OP Facility Surgery	<b>\$ 100</b> 100
Drugs	<b>✓</b> All	☐ All			✓ All	✓ All			<b>✓</b> All	☐ All	OP Facility Non-Surgery	0
Generics	V			\$0.00	V	✓			<b>Y</b>			
Preferred Brand Drugs	V			\$45.00	V	V			V			
Non-Preferred Brand Drugs	N N			\$65.00	∨_	V			V			
Specialty Drugs (i.e. high-cost)	✓	V	50%		✓	✓						
Options for Additional Benefit Design Limits:		7	Plan Description:								Specialty Drugs	Coins Max Weighting
Set a Maximum on Specialty Rx Coinsurance Payments?				Input Plan Nan							Tier 4	\$ 100 78
Specialty Rx Coinsurance Maximum: Set a Maximum Number of Days for Charging an IP Copay?				Input Plan HIO	-						Tier 5	\$ 150 22
# Days (1-10):			Issuer HIOS ID:	input issuer ni	[ما دی							\$ 110.85
Begin Primary Care Cost-Sharing After a Set Number of Visits?												
# Visits (1-10):												
Begin Primary Care Deductible/Coinsurance After a Set Number of		-										
Copays?												
# Copays (1-10):												
Output		_										
Calculate												
Status/Error Messages:	Calculation reso	lved without mat	ching metal tiers.									
Actuarial Value:	86.52%											
Metal Tier:	Platinum											
			ot subject to the de									
Additional Notes:	deductible range	e. NOTE: Service-	specific cost-sharin	g is applying fo	r service(s) wit	h fac/prof com	ponents, overridi	ing outpatient i	inputs for those se	rvice(s).		
Calculation Time:	0.0781 seconds											
Revised 2018 AV Calculator												

User Inputs for Plan Parameters				puto re	oopitai oite t	0. 00. 1100							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			red Network Op							
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			Network Plan?							
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Tier Utilization:							
Use Separate OOP Maximum for Medical and Drug Spending?	_				2nd	Tier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?													
Desired Metal Tier		r 1 Plan Benefit Do	ncian	1	Tion	2 Plan Benefit D	Nosian						
	Medical	Drug	Combined	•	Medical	Drug	Combined						
Deductible (\$)		Drug	\$2,000.00		ivieuicai	Drug	Combined						
Coinsurance (%, Insurer's Cost Share)			100.00%										
MOOP (\$)			\$6,550.00										
MOOP if Separate (\$)			\$0,550.00	ı									
(1)			•								_		
Click Here for Important Instructions			er 1				er 2		Tier 1	Tier 2			
Type of Benefit	Subject to Deductible?	Subject to	Coinsurance, if	Copay, if	Subject to	•	Coinsurance, if different	Copay, if		ies only after			
Medical	✓ All	Coinsurance?	different	separate	✓ All	Coinsurance?	amerent	separate	✓ All	ictible?			
Emergency Room Services	<b>V</b>			\$200.00	✓ 🗸	<u> </u>			<u> </u>				
All Inpatient Hospital Services (inc. MHSU)	V			\$500.00	v V	V			☑		•		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$500.00									
X-rays)	✓				✓	✓			✓				
Specialist Visit	~			\$45.00	✓	V			<b>V</b>				
Mental/Behavioral Health and Substance Use Disorder Outpatient											1		
Services	V				✓	✓			$\checkmark$				
Imaging (CT/PET Scans, MRIs)	✓			\$300.00	✓	V			✓				
Speech Therapy	V			\$45.00	V	V			<b>_</b>				
	✓			\$45.00	✓	✓			~				
Occupational and Physical Therapy					_					_			
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
Laboratory Outpatient and Professional Services	V			\$75.00	V	V			<u> </u>				
X-rays and Diagnostic Imaging	\ \ \			\$100.00 \$45.00	V	V			<u> </u>			Copays	Weights
Skilled Nursing Facility	***************************************			\$45.00	• • • • • • • • • • • • • • • • • • • •							Сорауз	weights
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$80.94	✓	✓			~				
Outpatient Surgery Physician/Surgical Services	~			\$45.00	✓	<b>~</b>			<b>V</b>		OP Facility Surgery	\$ 200	21%
Drugs	✓ All	☐ All		7 10110	✓ All	✓ All			✓ All	All	OP Facility Non-Surgery	\$ 50	79%
Generics	~			\$0.00	✓	~			~		1	\$ 80.94	
Preferred Brand Drugs	~			\$45.00	✓	✓			<b>V</b>				
Non-Preferred Brand Drugs	Y			\$65.00	<b>&gt;</b>	V			V				
Specialty Drugs (i.e. high-cost)	V	>	50%		V	V							
Options for Additional Benefit Design Limits:		_	Plan Description										
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nan	-						Specialty Drugs		Weighting
Specialty Rx Coinsurance Maximum:				[Input Plan HIO							Tier 4 Tier 5	\$ 100 \$ 150	78% 22%
Set a Maximum Number of Days for Charging an IP Copay?	Ш		Issuer HIOS ID:	[Input Issuer HI	OS ID]						Her 5	\$ 110.85	2270
# Days (1-10):		_										3 110.03	
Begin Primary Care Cost-Sharing After a Set Number of Visits?													
#Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of		-											
Copays?													
# Copays (1-10):													
Output													
Calculate													
Status/Error Messages:	Calculation Succ	essful.											
Actuarial Value:	69.50%												
Metal Tier:	Silver												
	NOTE: Service-s	oecific cost-sharin	g is applying for s	ervice(s) with fa	c/prof compon	ents, overriding	outpatient inpu	its for those sei	rvice(s).				
Additional Notes:													
Calculation Time:	0.0781 seconds										Hospital SoS AV	69.50%	
Revised 2018 AV Calculator											Freestanding SoS AV	71.49%	
											Final Blended AV*	69.88%	

				Inputs	s for Freestandin	g Site-of-Service	2					
User Inputs for Plan Parameters					_							
Use Integrated Medical and Drug Deductible?			HSA/HRA Options			red Network C						
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?			Network Plan						
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:			Tier Utilization						
Use Separate OOP Maximum for Medical and Drug Spending?		7 tilliadi Contil	oution 7 uniouniti		2nd	Tier Utilization						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?												
Desired Metal Tier	Silver 🔻											
	Tie	r 1 Plan Benefit D	esign		Tier	2 Plan Benefit	Design					
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)			\$2,000.00									
Coinsurance (%, Insurer's Cost Share)			100.00%									
MOOP (\$)			\$6,550.00									
MOOP if Separate (\$)												
			_				_					
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2		
- 4- 4:	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	s only after		
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	-	different	separate	deduct	-		
Medical	✓ All	☐ All			✓ All	✓ All			<b>✓</b> All	All		
Emergency Room Services	<u> </u>			\$200.00	V	<u> </u>			V			
All Inpatient Hospital Services (inc. MHSU)	<u> </u>			\$500.00	<u> </u>	<u> </u>			<u> </u>			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				, , , , , , , , , , , , , , , , , , ,		·····				·····		
X-rays)	~				✓	✓			V			
Specialist Visit				\$45.00	<b>V</b>	✓			V		**	
Mental/Behavioral Health and Substance Use Disorder Outpatient	······································			<u> </u>	-							
Services	✓				✓	✓			V			
Imaging (CT/PET Scans, MRIs)	✓			\$100.00	✓	✓			V			
Speech Therapy	V			\$45.00		<del></del>						
эреест тегару				343.00	<u> </u>	✓			V			
Conventional and Physical Thousans	~			\$45.00	✓	✓			✓			
Occupational and Physical Therapy			4000/	÷0.00			4000/	÷0.00				
Preventive Care/Screening/Immunization			100%	\$0.00		✓	100%	\$0.00	V			
Laboratory Outpatient and Professional Services	<u> </u>					✓ ✓			<u>v</u>			
X-rays and Diagnostic Imaging				445.00								Copavs Weigh
Skilled Nursing Facility	✓			\$45.00	V	V			<b>V</b>			Copays Weigh
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~			\$100.00	V	✓			V			
						<b>▽</b>			V		OP Facility Surgery	ć 100 100
Outpatient Surgery Physician/Surgical Services				\$45.00	)						OP Facility Surgery OP Facility Non-Surgery	\$ 100 100
Drugs	✓ All	☐ All			✓ All	✓ All			✓ All	All	OP Facility Non-Surgery	
Generics	<u> </u>			\$0.00		>			<u> </u>			
Preferred Brand Drugs	<u>v</u>			\$45.00	<u> </u>	Z			∑[			
Non-Preferred Brand Drugs	V			\$65.00		<u>~</u>			\[\]			
Specialty Drugs (i.e. high-cost)	~	V	50%		<b>V</b>	✓						
Options for Additional Benefit Design Limits:		7	Plan Description:								Consider Donor	Colora Marria - Materialistica
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nar							Specialty Drugs	Coins Max Weighting
Specialty Rx Coinsurance Maximum:				[Input Plan HIC	-						Tier 4	\$ 100 78
Set a Maximum Number of Days for Charging an IP Copay?	· 🗆		Issuer HIOS ID:	[Input Issuer H	IOS ID]						Tier 5	\$ 150 22
# Days (1-10):												\$ 110.85
Begin Primary Care Cost-Sharing After a Set Number of Visits?												
# Visits (1-10):												
Begin Primary Care Deductible/Coinsurance After a Set Number of	· 🗆											
Copays?	•											
# Copays (1-10):												
Output		_										
Calculate												
Status/Error Messages:	Calculation Succ	essful.										
Actuarial Value:	71.49%											
Metal Tier:	Silver											
		pecific cost-sharir	g is applying for se	ervice(s) with fa	c/prof compon	ents, overridin	g outpatient inpu	its for those se	rvice(s).			
Additional Notes:			_ ,, , , , ,	.,	•				• •			
Calculation Time:	0.0938 seconds											
Revised 2018 AV Calculator	5.0550 Seconds											
ne visca 2010 AV Calculator												

						,	, (					
User Inputs for Plan Parameters												
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options		Tie	ered Network O	ntion					
Apply Inpatient Copay per Day?			yer Contribution?			Network Plan						
Apply Skilled Nursing Facility Copay per Day?						Tier Utilization						
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contri	bution Amount:			Tier Utilization						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	=				-							
Desired Metal Tier	Silver ▼											
	Tie	r 1 Plan Benefit D	esign		Tier	2 Plan Benefit	Design					
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)			\$2,000.00									
Coinsurance (%, Insurer's Cost Share)			80.00%									
MOOP (\$)			\$6,550.00									
MOOP if Separate (\$)				-			,					
						_	-				1	
Click Here for Important Instructions	Subject to	Subject to	er 1 Coinsurance, if	C :f	Subject to		er 2 Coinsurance, if	Camana if	Tier 1	Tier 2 ies only after		
Type of Benefit	Deductible?	Coinsurance?	different	Copay, if separate	Deductible?	-		Copay, if separate		ctible?		
Medical	✓ All	✓ All	umerent	separate	✓ All	✓ All	uniterent	separate	☐ All	All		
Emergency Room Services	<b>V</b>	<u> </u>			<u> </u>	<u> </u>						
All Inpatient Hospital Services (inc. MHSU)	V	<u> </u>			<u>~</u>	7						
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and					······	·····				_	•	
X-rays)	~	~			✓	✓						
Specialist Visit	V	~			<b>V</b>	V						
Mental/Behavioral Health and Substance Use Disorder Outpatient									······································	-	•	
Services	✓	~			✓	✓						
Imaging (CT/PET Scans, MRIs)	<b>V</b>	<b>V</b>			✓	<b>~</b>					1	
Speech Therapy	<u> </u>	<u> </u>			_	_ _			П		*	
	<u> </u>	☑				<u></u>						
Occupational and Physical Therapy		V			_	_						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00				
Laboratory Outpatient and Professional Services	V	V			✓	V						
X-rays and Diagnostic Imaging	v	<b>V</b>			~							
Skilled Nursing Facility	<b>&gt;</b>	V			V	V					1	Copays Weights
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	•			<b>✓</b>	✓						
						_						
Outpatient Surgery Physician/Surgical Services	V	<u> </u>			<u> </u>	<u> </u>					OP Facility Surgery	21%
Drugs	✓ All	☐ All		·	✓ All	✓ All			☐ All	□ All	OP Facility Non-Surgery	79%
Generics	) [C		***************************************	\$10.00	V	V			\[\sigma\]			\$ -
Preferred Brand Drugs	V	$\overline{\mathbf{v}}$	80%		V	V						
Non-Preferred Brand Drugs	V	<b>▽</b>	60%		<b>▽</b>	V						
Specialty Drugs (i.e. high-cost)	V		50%			<u> </u>						
Options for Additional Benefit Design Limits:	[ <sub>2</sub> ]	1	Plan Description Name:		. 1						Specialty Drugs	Coins Max Weighting
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:				[Input Plan Nam [Input Plan HIOS							Tier 4	\$ <b>100</b> 78%
Set a Maximum Number of Days for Charging an IP Copay?				[Input Issuer HIC							Tier 5	\$ 150 22%
# Days (1-10):			issuer HIOS ID:	[input issuer nic	נטו צל							\$ 111
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1										
# Visits (1-10):	ш											
Begin Primary Care Deductible/Coinsurance After a Set Number of		1										
Copays?												
# Copays (1-10):												
Output												
Calculate												
	Calculation Succ	essful.										
	71.35%											
Metal Tier:	Silver											
Additional Notes:												

71.35%

0.1094 seconds

Calculation Time: Revised 2018 AV Calculator

User Inputs for Plan Parameters								Ì					
Use Integrated Medical and Drug Deductible?	<u> </u>		HSA/HRA Option:			red Network O							
Apply Inpatient Copay per Day?		HSA/HRA Emplo	oyer Contribution	· 🗆		Network Plan?							
Apply Skilled Nursing Facility Copay per Day?		Annual Contr	ibution Amount:		1st	Tier Utilization:							
Use Separate OOP Maximum for Medical and Drug Spending?		Ailliadi Colla	ibation Amount.		2nd	Tier Utilization:							
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?													
Desired Metal Tier	Gold			_									
	Tie	r 1 Plan Benefit D	esign		Tier	2 Plan Benefit [	Design						
	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$)			\$1,000.00										
Coinsurance (%, Insurer's Cost Share)			90.00%										
MOOP (\$)			\$6,550.00										
MOOP if Separate (\$)				_			'	.!!					
			_				•						
Click Here for Important Instructions			er 1				er 2		Tier 1	Tier 2			
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different		Subject to	Subject to Coinsurance?	Coinsurance, if different			es only after ctible?			
Medical	✓ All	✓ All	unierent	separate	✓ All	✓ All	umerent	separate	☐ All	All			
Emergency Room Services	V AII	▼ All									1		
All Inpatient Hospital Services (inc. MHSU)	V	<u> </u>			V	<b>&gt;</b>					•		
									Ш				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	~	✓			✓	~							
X-rays)	V	V			V								
Specialist Visit					<u>~</u>	<u> </u>			Ш				
Mental/Behavioral Health and Substance Use Disorder Outpatient	✓	✓			✓	<b>V</b>							
Services					✓	✓							
Imaging (CT/PET Scans, MRIs)	Ŋ	<u> </u>											
Speech Therapy	<b>V</b>	<b>V</b>			✓	V							
	✓	✓			✓	V							
Occupational and Physical Therapy													
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
Laboratory Outpatient and Professional Services	>	<u> </u>			V	<u> </u>							
X-rays and Diagnostic Imaging	>	✓			V	V							
Skilled Nursing Facility	>	✓			V	V						Copays	Weights
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓			✓	<b>V</b>							
Outstand Courses Distriction / Course and Course in Cour	<b>V</b>	⊽			⊽	<b>~</b>					OP Facility Surgery		21%
Outpatient Surgery Physician/Surgical Services	✓ All	□ All			✓ All	✓ All			☐ All	□ All	OP Facility Non-Surgery		79%
Drugs				440.00		V AII					Or racinty Non-Surgery	ė	7370
Generics			000/	\$10.00	<b>V</b>				<u> </u>			<b>3</b> -	
Preferred Brand Drugs	N	V	80%		V	V							
Non-Preferred Brand Drugs	<u> </u>	<u> </u>	60%		<b>∨</b>	<u>v</u>							
Specialty Drugs (i.e. high-cost)	•	•	50%		V	V			Ш				
Options for Additional Benefit Design Limits:		7	Plan Description		_						Sanaialtu Duura	Coins Max W	Valabina
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nam	-						Specialty Drugs		Veighting
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	[Input Plan HIO:	-						Tier 4	\$ 100	78%
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	[Input Issuer HI	OS ID]						Tier 5	\$ 150	22%
# Days (1-10):												\$ 111	
Begin Primary Care Cost-Sharing After a Set Number of Visits?													
# Visits (1-10):													
Begin Primary Care Deductible/Coinsurance After a Set Number of													
Copays?													
# Copays (1-10):													
Output													
Calculate													
Status/Error Messages:	Calculation Succ	essful.											
Actuarial Value:	79.93%												
Metal Tier:	Gold												
Additional Notes:													
Calculation Time:	0.1094 seconds												
Revised 2018 AV Calculator	2.233 . 3000.103												

79.93%

#### Use

#### Innuts for Hospital Site-of-Service

User Inputs for Plan Parameters				inputs it	i nospitai site-t	DI-Service						
Use Integrated Medical and Drug Deductible?	V	HSA/HRA Options			Tiered Network Option							
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?						
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:		1st 7	Tier Utilization:	:					
Use Separate OOP Maximum for Medical and Drug Spending?		Allitual Colltill	Julion Amount.		2nd 1	Tier Utilization:	:					
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?		-			-		-					
Desired Metal Tier				1								
		r 1 Plan Benefit De				2 Plan Benefit I						
	Medical	Drug	Combined		Medical	Drug	Combined					
Deductible (\$)			\$1,500.00									
Coinsurance (%, Insurer's Cost Share)		l	100.00%			l						
MOOP (\$)			\$5,300.00	J		1						
MOOP if Separate (\$)			ı				1					
Click Here for Important Instructions		Tie	r1			Ti	er 2		Tier 1	Tier 2		
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if			es only after		
**	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		ctible?		
Medical	✓ All	All		\$250.00	✓ All	V All			✓ All	All		
Emergency Room Services All Inpatient Hospital Services (inc. MHSU)	l				<u>∨</u>	<u>v</u>			<u> </u>	····		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$500.00	<u>v</u>	<u>v</u>						
	✓			\$25.00	✓	✓			✓			
X-rays) Specialist Visit	v			\$50.00	✓	✓			V			
Mental/Behavioral Health and Substance Use Disorder Outpatient				, , , , , , , , , , , , , , , , , , ,							•	
Services	~			\$25.00	<b>V</b>	✓			✓			
Imaging (CT/PET Scans, MRIs)	V			\$500.00	<u>~</u>	<b>V</b>			V			
Speech Therapy	<u> </u>			\$50.00	~	_			V			
	☑				<u> </u>	<u> </u>			v		1	
Occupational and Physical Therapy				\$50.00	_	_			_			
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00			Ï	
Laboratory Outpatient and Professional Services	V			\$150.00	<b>∨</b>	V			V			
X-rays and Diagnostic Imaging	V			\$200.00		<u>~</u>			V			
Skilled Nursing Facility	V			\$50.00	V	V			V			Copays Weight
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$142.82	✓	✓			✓			
Outpatient Surgery Physician/Surgical Services	<b>2</b>	П		\$50.00	~	<b>7</b>			7	П	OP Facility Surgery	\$ 500 219
Drugs	✓ All	☐ All		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	✓ All	✓ All			<b>✓</b> All	All	OP Facility Non-Surgery	\$ <b>50</b> 799
Generics	V			\$10.00	~	<u> </u>			V		1	\$ 142.82
Preferred Brand Drugs	~			\$45.00	V V	V			V			·
Non-Preferred Brand Drugs	✓			\$65.00	✓	<u>~</u>			✓		Ï	
Specialty Drugs (i.e. high-cost)	>	<b>V</b>	50%		V	V						
Options for Additional Benefit Design Limits:		-	Plan Description:									
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	[Input Plan Nan							Specialty Drugs	Coins Max Weighting  \$ 100 789
Specialty Rx Coinsurance Maximum:		_		[Input Plan HIO:							Tier 4 Tier 5	\$ 100 789 \$ 150 229
Set a Maximum Number of Days for Charging an IP Copay?	' LJ		Issuer HIOS ID:	[Input Issuer HI	OS IDJ						nei 3	\$ 110.85
# Days (1-10):		_										<b>J</b> 110.05
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):	. 🗆											
Begin Primary Care Deductible/Coinsurance After a Set Number of	П	1										
Copays?												
# Copays (1-10):												
Output		_										
Calculate												
Status/Error Messages:	Calculation Succ	essful.										
Actuarial Value:	71.26%											
Metal Tier:	Silver											
	NOTE: Service-s	pecific cost-sharin	g is applying for se	ervice(s) with fac	:/prof compon	ents, overriding	g outpatient inpu	its for those se	ervice(s).			
Additional Notes:												
Calculation Time:	0.0781 seconds											
Revised 2018 AV Calculator											Hospital SoS AV	71.26%
											Freestanding SoS AV	72.11%
											Final Blended AV*	71.42%

#### AV Calculator - BluePreferred PPO Silver 1500 BlueFund HSA

User Inputs for Plan Parameters				inputs	ioi rieestanding	Site-oi-service							
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options		Tier	red Network O	Option						
Apply Inpatient Copay per Day?			yer Contribution?			Network Plan							
Apply Skilled Nursing Facility Copay per Day?					1st T	ier Utilization	:						
Use Separate OOP Maximum for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd T	ier Utilization	:						
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?		•			•		•						
Desired Metal Tier													
		1 Plan Benefit D				2 Plan Benefit							
	Medical	Drug	Combined		Medical	Drug	Combined						
Deductible (\$)			\$1,500.00										
Coinsurance (%, Insurer's Cost Share)		l	100.00%										
MOOP (\$)  MOOP if Separate (\$)		1	\$5,300.00										
WOOF II Separate (3)													
Click Here for Important Instructions		Tier 1				Т	ier 2		Tier 1	Tier 2	1		
	Subject to				Subject to Subject to Coinsurance, if Copay, if			Copay applie	s only after	1			
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduc	tible?			
Medical	✓ All	All			✓ All	✓ All			✓ All	All			
Emergency Room Services	<b>V</b>	<u>_</u>		\$250.00	<u> </u>	<u>~</u>			<u> </u>				
All Inpatient Hospital Services (inc. MHSU)	V			\$500.00	✓	✓			V	Ш			
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	✓			\$25.00	✓	✓			V				
X-rays)	<u> </u>			ĆEO 00									
Specialist Visit  Mental/Behavioral Health and Substance Use Disorder Outpatient				\$50.00	✓	<u>~</u>			<u> </u>				
Services	$\checkmark$			\$25.00	~	✓			~				
Imaging (CT/PET Scans, MRIs)	<u> </u>			\$250.00	✓	<b>~</b>			<b>2</b>				
Speech Therapy	<u> </u>			\$50.00	<u> </u>	_ _			<u> </u>				
	✓				◡	✓			✓				
Occupational and Physical Therapy	•	Ш		\$50.00	_	_			•				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00					
Laboratory Outpatient and Professional Services	V			\$25.00	V	V			>				
X-rays and Diagnostic Imaging	V		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	\$50.00		V			V				
Skilled Nursing Facility	V			\$50.00	V	V			V			Copays	Weights
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓			\$300.00	~	✓			~				
Outpatient Surgery Physician/Surgical Services				\$50.00		<b>7</b>			<b>V</b>		OP Facility Surgery	\$ 300	100%
Drugs	✓ All	□ All		\$30.00	✓ All	✓ All			✓ All	□ All	OP Facility Non-Surgery	<del>-</del> 300	0%
Generics	<u> </u>			\$10.00	V	V			V		, ,		
Preferred Brand Drugs	V			\$45.00	V	V			V				
Non-Preferred Brand Drugs	✓			\$65.00					V				
Specialty Drugs (i.e. high-cost)	Y	V	50%		<b>V</b>	V							
Options for Additional Benefit Design Limits:		7	Plan Description:								Caralalta Davas	Caina Marra V	A/-:-b-4:
Set a Maximum on Specialty Rx Coinsurance Payments?				Input Plan Nan							Specialty Drugs Tier 4	Coins Max W	veignting 78%
Specialty Rx Coinsurance Maximum:				Input Plan HIO							Tier 5	\$ 150	22%
Set a Maximum Number of Days for Charging an IP Copay? # Days (1-10):	ш		Issuer HIOS ID: [	input issuer Hi	OS IDJ							\$ 110.85	22/0
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1											
#Visits (1-10):													
Begin Primary Care Deductible/Coinsurance After a Set Number of		1											
Copays?													
# Copays (1-10):													
Output													
Calculate	F D + :		percent de minimis										
	72.11%	utside oi [-4, +2]	percent de minimo	variation.									
Metal Tier:													
	NOTE: Service-sp	oecific cost-sharir	ng is applying for ser	rvice(s) with fa	c/prof compone	ents, overridin	ng outpatient input	ts for those se	rvice(s).				
Additional Notes:				. ,					. ,				
Calculation Time:	0.0938 seconds												
Revised 2018 AV Calculator													

# CAREFIRST BLUECROSS BLUESHIELD PART III ACTUARIAL MEMORANDUM

Please note that the numbering below is consistent with the numbering in the 2018 Unified Rate Review Instructions.

**4.1 REDACTED ACTUARIAL MEMORANDUM (AM):** CareFirst (CF) is making no redactions so both AM submissions are the same.

### 4.2 GENERAL INFORMATION:

Company Legal Name: Group Hospitalization & Medical Services, Inc. (NAIC # 53007) (GHMSI).

**State**: District of Columbia. **HIOS Issuer ID**: 78079.

Market: Small Groups (On & Off Exchange).

Effective Date: 1/1/18 and quarterly incremental "trend" increases effective 4/1/18, 7/1/18 and 10/1/18.

Company Filing Number: 2169

Primary Contact Name: Mr. Dwayne Lucado, F.S.A., M.A.A.A.

Primary Contact Telephone Number: 410-998-7519.

Primary Contact E-Mail Address: Dwayne.Lucado@CareFirst.com.

**4.3 PROPOSED RATE INCREASE(S)**: Base rates are changing 15.3% on average for 1Q18. The range is 11.9% to 20.2%. The estimated average base rate changes for 2Q18, 3Q18, and 4Q18 will be 14.1%, 13.1% and 12.0%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 14,697.

Please note that the proposed rates in this filing assume that the full amount of Cost Share Reduction subsidies will be funded and paid to affected carriers. In the event these subsidies are not funded and paid to carriers, we reserve the right to re-file and adjust the rate actions proposed in this filing.

**Reason for Rate Increase(s):** The main drivers supporting the rate increase are the assumed increases in allowed costs (8.3% assumed annual trend), and the reintroduction of the Health Insurer Fee in 2018, and deterioration in the base period experience.

### 4.4 MARKET EXPERIENCE:

**4.4.1 - EXPERIENCE PERIOD PREMIUM AND CLAIMS**: The incurred period is 1/1/16 through 12/31/16, as required.

Paid Through Date: 2/28/17

Premiums (Net of MLR Rebate) in Experience Period: \$231,954,252 (Merged)

Estimated MLR rebates in Experience Period: \$0

Allowed and Incurred Claims From Experience Period: \$244,272,998 (Merged) Paid and Incurred Claims From Experience Period: \$215,457,804 (Merged)

**Estimates of Incurred but not Paid claims:** These were estimated the same way for both paid and allowed claims. Estimates were derived using an internal "chain and ladder" model which is used in monthly reserving and is based on the most recent 36 months to derive the completion factor and IBNR for each incurred month.

### 4.4.2 - BENEFIT CATEGORIES:

Inpatient (hospital), outpatient (hospital), professional, other medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, pediatric dental services and other), prescription drug & capitations.

### 4.4.3 - PROJECTION FACTORS:

Changes in the Morbidity of the Population Insured: In developing our 2018 rates, CareFirst has Projected the expected change of the single risk pool from 2016 to 2018. Our starting point for this projection are allowed claims by member from the base period normalized for age, gender, induced demand and network as specified in the URRT instructions on page 56. The numbers described above produce the morbidity factor that is displayed in Exhibit 4.

**Changes in Benefits:** Exhibit 5 in the Memorandum details our support to this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost-sharing requirements between the experience and projection periods.

**Changes in Demographics:** Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods.

**Other Adjustments**: We are proposing additional other adjustments for changes to our capitation fees, drug rebates and a formulary change. See Exhibit 7 in the Memorandum for details supporting these adjustments.

**Trend Factors (Cost/Utilization):** Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. We used observed rolling 12 PMPM allowed claims for the pool in total to fit a linear regression curve. Unit cost and utilization trends were set by service category based on observed trends over the experience period and to produce the overall anticipated trend indicated by our regression analysis.

- **4.4.4 CREDIBILITY MANUAL RATE DEVELOPMENT**: This section is not needed since our base period experience is deemed fully credible.
- **4.4.5 CREDIBILITY OF EXPERIENCE:** Exhibit 2 of the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.
- **4.4.6 PAID TO ALLOWED RATIO:** See Exhibit 10A in the Memorandum for the projected ratio of paid to allowed claims.

### 4.4.7 - RISK ADJUSTMENT AND REINSURANCE:

**Experience Period Risk Adjustment and Reinsurance Adjustments PMPM**: The estimates of the experience period Risk Adjustment transfers in the URRT are based on a multi-carrier analysis by Wakely Consulting Group. Since this is a SG filing Reinsurance Claims Adjustments do not apply.

**Projected Risk Adjustments PMPM**: Exhibit 9 in the Memorandum contains details behind the assumed transfer amount and anticipated PLRS for this pool in 2018.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only): Reinsurance does not apply for 2018.

**4.4.8 - NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK**: The 2018 "desired incurred claims ratio" (DICR) is 76.5% (1Q 2018).

**Administrative Expense Load**: See Exhibit 10A in the Memorandum for the assumed PMPMs (including Broker Commissions & Fees).

Contribution to Reserve & Risk Margin: See Exhibit 10A in the Memorandum.

### Taxes and Fees:

See Exhibit 10A in the Memorandum for the assumed values of the following additional items.

- 1) Federal Income Tax (FIT)
- 2) State Regulatory Trust Annual Assessment Fee
- 3) Health Insurer Fee
- 4) PCORI
- 5) Risk Adjustment User Fee
- 6) Exchange User Fee
- **4.5 PROJECTED LOSS RATIO**: See exhibit 10B in the Memorandum for a demonstration of our compliance with meeting the 80.0% minimum of the "Public Health Service Act" (PHSA) 218.

### 4.6 APPLICATION OF MARKET REFORM RATING RULES:

**4.6.1 - SINGLE RISK POOL (SRP)**: Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

### 4.6.2 - INDEX RATE:

The base period allowed PMPM, including the split between EHB & Non-EHBs can be found on Exhibit 1 in the Memorandum.

The projected index rate is also included in Exhibit 1 and projected Non-EHBs are included on Exhibit 3.

The non-EHBs in both the base and projection periods reflect coverage for abortion services, hair prosthesis and morbid obesity.

**4.6.2.1 - Small Group Quarterly Rate Filings:** This filing includes quarterly incremental "trend" increases. Quarterly trend amounts can be found in the Appendix – Quarterly Changes exhibit of the Memorandum.

### 4.6.3 - MARKET ADJUSTED INDEX RATE:

See Exhibit 1 of the Memorandum for the application of these factors. Exhibit 9 contains more detail behind the Risk Adjustment Program Market Level Adjustment.

- **4.6.4 PLAN ADJUSTED INDEX RATES**: There is a "cost-share" factor derived from our internal pricing AV model. An induced utilization factor is also applied and includes a CDH/Non-CDH factor and a metal level induced demand factor. Cost-Share factors, induced utilization factors and Non-EHBs vary by plan. All other factors applying to the Market Adjusted Index Rate are the same across all plans.
- **4.6.5 CALIBRATION**: Done for age, but we have elected not to rate for tobacco usage. Geographic rating does not apply, as D.C. has only one rating area.

**Age Curve Calibration –** We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor.

### 4.6.6 - CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT:

**Small Group Plan Premium Rates –** Our index rates for 2Q, 3Q & 4Q are developed identically to 1Q with the exception of applying additional trend months. The plan level index rates change on a quarterly basis due to this additional trend and changes in administrative load factors only.

### 4.7 PLAN PRODUCT INFORMATION:

**4.7.1 - HHS ACTUARIAL METAL VALUES (AV)**: The majority of our 2018 plans include varying cost-share levels for some services that depend on the setting in which care is delivered. The federal AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower. The results were blended assuming 81% of

the designated services are rendered in higher cost-share setting and the remaining 19% at the lower, consistent with 2016 experience for our small group and Individual markets. Plans without these features used the AV calculator without modification.

Printouts for each plan are provided in the "Actuarial Memorandum and Certifications" section of the Supporting Documentation tab of the SERFF filing, and also as part of the QHP binder submission under separate cover.

- **4.7.2 AV PRICING VALUES**: The breakdown of the AV Pricing values is shown on Exhibit 11 of the Memorandum.
- **4.7.3 MEMBERSHIP PROJECTIONS**: The distribution of projected enrollment is based on actual enrollment by plan as of 2/28/17. Total projected enrollment is consistent with our corporate plan.
- **4.7.4 TERMINATED PLANS AND PRODUCTS**: See the exhibit Appendix HIOS ID Mappings in the Memorandum.
- 4.7.5 PLAN TYPE: PPO.
- **4.7.6 WARNING ALERTS**: Several warning alerts are triggered through Section III on Worksheet 2. This is because Worksheet 1 is based on the combined Individual/Small Group experience per the DC HBX Carrier Manual, while Worksheet 2 includes only the Individual plans. Therefore, because of Small Group being included at the pool level but not on the plan level, there is a much larger difference than the 10% which triggers a warning alert.

There are also 3 alerts that have been triggered in Section IV. These are due to the new language of the Unified Rate Review Instructions, page 45 (excerpt below):

The Total Allowed Claims (TAC) across all benefit plans for the Experience Period should be consistent with the Allowed Claims entered in Section I of Worksheet 1, except it should be net of Risk Adjustment transfers. Claims should be increased for any Risk Adjustment receivables and decreased by the amount of payments made into the Risk Adjustment programs. Risk Adjustment user fees should not be included here.

The inclusion of Risk Adjustment into Total Allowed Claims is causing the warning alerts to be activated, as that makes the cells inconsistent with Worksheet 1.

### 4.8. MISCELLANEOUS INSTRUCTIONS:

- **4.8.1 Effective Rate Review Information:** We have nothing additional to provide.
- 4.8.2 Reliance: Not Applicable.
- 4.8.3 Actuarial Certification: Included in the Memorandum.

## Group Hospitalization & Medical Services Inc. d.b.a. CareFirst BlueCross BlueShield (NAIC # 53007)

Rate Filing # 2169
D.C. Small Group Products
Rate Filing Effective 1/1/2018

**Actuarial Memorandum** 

#### Group Hospitalization & Medical Services Inc. (NAIC # 53007)

H.R. 3950 - Public Law 111-148 - Patient Protection and Affordable Care Act (ACA)

D.C. Small Group Products Rate Filing Effective 1/1/2018 **Actuarial Certification** 

I. Dwavne Lucado, am an Actuary, Group Pricing with GHMSI, Inc. doing business as CareFirst BlueCross BlueShield. I am a member of the American Academy of Actuaries (AAA) in good standing and have the education and experience necessary to perform the work. Rates were developed in accordance with the appropriate Actuarial Standards of Practice (ASOPs) and the AAA's Code of Professional Conduct. While other ASOPs apply, a sample listing is below.

- i. ASOP No. 5, Incurred Health and Disability Claims
- ii. ASOP No. 8, Regulatory Filings for Health Plan Entities
- iii. ASOP No. 12, Risk Classification
- iv. ASOP No. 23. Data Quality
- v. ASOP No. 25, Credibility Procedures Applicable to Accident and Health, Group Term Life, and Property/Casualty Coverages
- vi. ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health and Benefit Plans
- vii. ASOP No. 41. Actuarial Communications

I have been involved in the development of these rates, and to the best of my knowledge and understanding, the rates in this filing have been developed in accordance with the available regulations and guidance. Should new guidance be released, this filing may be revised. I certify that this filing has been prepared based on sound and commonly accepted actuarial principles, practices and assumptions in the aggregate for the legal entity.

I further certify the following:

- 1. The projected Index Rate is:
  - a. In compliance with all applicable state and Federal statutes and regulations (45 CFR § 156.80(d)(1))
  - b. Reasonable in relation to the benefits provided and the population anticipated to be covered.
  - c. Neither excessive nor deficient.
- 2. The Index Rate and only the allowable modifiers as described in 45 CFR § 156.80(d)(1) and 45 CFR § 156.80(d)(2) were used to generate plan level rates. These rates have been calibrated to account for age (geography and tobacco are not applicable).
- 3. The percentage of total premium that represents essential health benefits (EHBs) included in Worksheet 2, Sections III and IV, was calculated in accordance with ASOPs.
- 4. Consistent with 45 CFR § 156.135, the 2018 HHS Actuarial Values (AV) Calculator was used to determine the AV metal values shown in Worksheet 2 of Part I of the Unified Rate Review Template (URRT) for all plans except those specified. Where necessary, the AVs of the benefits proposed have been calculated with minimal modifications to the AV calculator as described in the Actuarial Memorandum

As a qualifier to the opinion, the URRT does not demonstrate the process used by the issuer to develop the rates. Rather it represents information required by Federal regulation to be provided in support of the review of rate increases, for certification of Qualified Health Plans for Federally-facilitated Marketplaces, and for certification that the Index Rate is developed in accordance with Federal regulation and used consistently and only adjusted by the allowable modifiers.

Dwayne Lucado Lucado Digitally signed by Dwayne

Date: 2017.05.01 14:26:19 -04'00'

Dwayne Lucado, FSA, MAAA Actuary, Group Pricing CareFirst BlueCross BlueShield Mail Drop-Point 01-720 10455 Mill Run Circle Owings Mills, MD 21117

**Exhibit 1 - Market Adjusted Index Rate Summary** 

		2018	Exhibit
(1)	Base Period Total Allowed	\$ 542.24	2
(2)	Base Period Non-EHB PMPM	\$ 2.84	2
(3)	Experience Period Index Rate	\$ 539.40	
(4)	Change in Morbidity	0.971	4
(5)	Additional Population Adjustment	1.000	
(6)	Induced Demand	0.994	5
(7)	Projection Period Utilization and Network Adjustment	1.000	
(8)	Demographic Adjustment	0.999	6
(9)	Area Adjustment	1.000	
(10)	Additional "Other" Adjustments	0.982	7
(11)	Annualized Trend	8.3%	8
(12)	Months of Trend	24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor	1.173	
(14)	Projection Period Index Rate	\$ 599.44	
(15)	Risk Adjustment Program	0.890	9
(16)	Federal Exchange User Fee	1.000	
(17)	Market Adjusted Index Rate	\$ 533.43	
	Without Risk Adjustment	\$ 599.44	

The projection period index rate was developed by projecting individual URRT service categories and then building up into a total PMPM. As a result the adjustments above may not match the referenced exhibits exactly because these represent the average factor when considering application at the service category level.

**Exhibit 2 - Base Period Experience** 

Service Category	Ir	ncurred Allowed	Allo	owed PMPM	Utilization Description	Utilization per 1,000	Co	Average ost/Service
Inpatient Hospital	\$	44,558,700	\$	98.91	Admits	66.81	\$	17,766.63
Outpatient Hospital	\$	51,280,962	\$	113.83	Visits	997.55	\$	1,369.35
Professional	\$	75,741,993	\$	168.13	Visits	11,364.27	\$	177.54
Other Medical	\$	14,785,000	\$	32.82	Services	1,567.70	\$	251.22
Capitation	\$	470,109	\$	1.04	Benefit Period	1,000	\$	12.52
Prescription Drug	\$	57,436,234	\$	127.50	Prescriptions	9,852.80	\$	155.28
Total (EHB & Non-EHB)	\$	244,272,998	\$	542.24				
EHB Allowed	\$	242,995,334	\$	539.40				
Non-EHB Allowed	\$	1,277,664	\$	2.84				
Incurred Net	\$	215,457,804	\$	478.27				
Net/Allowed		88.20%						
<b>Experience Period Member Months</b>		450,492						

Exhibit 3 - Non-EHB Adjustment

		2018 (	On-Exchange	2018 (	<b>:</b>	
(1)	Blended Index Rate	\$	613.56	\$	613.56	
(2)	Non-EHB PMPM	\$	3.11	\$	3.11	
(3)	Total	\$	616.67	\$	616.67	
(4)	Plan Level Adjustment		1.005		1.005	(3)/(1)

**Exhibit 4 - Morbidity Adjustment Factor** 

Cohort	Member Months	Normalize	d PMPM
(1) Total Experience Period	450,483	\$	358.83
(2) Existing (enrolled prior to 2017)	30,550	\$	361.49
(3) New in 2017	3,105	\$	320.00
(4) Transferred in 2017 (Internal)	1,454	\$	267.07
(5) Existing (enrolled prior to 2018)	307,341	\$	350.19
(6) New in 2018	102,832	\$	343.69
(7) Total Projection Period	410,173	\$	348.56
(8) Adjustment for Change in Morbidity*			0.971

<sup>\*</sup>Applied to all service categories except capitations

**Exhibit 5 - Induced Utilization Adjustment Factor** 

Year	Actuarial Value	Induced Demand Factor	
(1) 2016 (2) Projected 2018	82.8% 81.9%	1.100 1.093	
(3) Adjustment*	32.373	0.994	(2)/(1)

<sup>\*</sup>Applied to all service categories except capitations

**Exhibit 6 - Demographic Adjustment** 

	Period	Age Factor		Average Age
(1)	Base Period	1.709		34.6
(2)	Most Recent Month	1.707		34.8
(3)	Projection Period	1.707	= (2)	
(4)	Demographic Adjustment*	0.999	(3)/(1)	

<sup>\*</sup>Applied to all service categories except capitations

Average age is claims weighted using our internal age factor curve
as a proxy

Exhibit 7 - Factors for Additional "Other" Adjustments

	Capitation adjustment		
(1)	EP Capitation PMPM	\$ 0.88	
(2)	Projected Difference in Capitations PMPM	\$ (0.08)	
(3)	Adjustment to Capitation Category	0.9045	1 + (2)/(1)
	Drug Rebates adjustment		
(4)	Experience Period Allowed Rx PMPM (Pre-Rebate)	\$ 147.06	
(5)	Experience Pharmacy Rebates PMPM	\$ (19.56)	
(6)	Projected Pharmacy Rebates PMPM	\$ (23.39)	
(7)	Post-Rebate Rx PMPM (using Experience Rebates)	\$ 127.50	
(8)	Post-Rebate Rx PMPM (using Projected Rebates)	\$ 123.67	
(9)	Adjustment to Drug Category	0.9700	(8)/(7)
	Formulary Adjustments		
(10)	Experience Period Allowed Rx PMPM (Pre-Rebate, existing formulary)	\$ 147.06	
(11)	Ingredient cost adjustment factor	0.961	
(12)	Experience Period Allowed Rx PMPM (Pre-Rebate, new formulary)	\$ 141.37	(10)*(11)
(13)	Projection Period Pharmacy Rebates PMPM	\$ (23.39)	
(14)	Adjustment to Drug Category	0.9540 [(	12) + (13)]/[(10) + (13)]

		РМРМ	Adjustment
Inpatient Hospital	\$	111.58	1.000
Outpatient Hospital	Ś	127.93	1.000
Professional	ς ,	187.18	1.000
Other Medical	\$	34.24	1.000
Capitation	\$	0.88	0.904
Prescription Drug	ڊ خ	148.82	0.925
Total	ڊ ف	610.63	0.923
TOTAL	Ģ	010.03	0.3017

PMPM weights are set equal projected PMPM without "other" adj.

**Exhibit 8 - Annual Trend Assumptions** 

	201	L6 PMPM	Weight	Utilization/1,000	<b>Unit Cost</b>	Composite
Inpatient Hospital	\$	98.91	18%	1.0500	1.0300	1.082
Outpatient Hospital	\$	113.83	21%	1.0600	1.0200	1.081
Professional	\$	168.13	31%	1.0400	1.0400	1.082
Other Medical	\$	32.82	6%	1.0000	1.0400	1.040
Capitation	\$	1.04	0%	1.0000	1.0000	1.000
Prescription Drug	\$	127.50	24%	1.0000	1.1000	1.100
Total	\$	542.24	100%			1.083
Proposed Trend						1.083

### Exhibit 9 - Risk Adjustment

### 2016

Metallic Tier Catastrophic	Member Months	Distribution	PLRS	ARF	Transfer \$	РМРМ
Bronze	3,473	1%	1.518	1.202	\$478,634	\$137.80
Silver	33,152	9%	1.249	1.081	\$1,143,346	\$34.49
Gold	138,310	36%	1.368	1.052	\$4,532,699	\$32.77
Platinum	205,813	54%	1.589	1.059	\$11,121,772	\$54.04
Total	380,749	100%	1.478	1.060	\$17,276,451	\$45.37
Statewide	976,511		1.307	1.041		
State Average Prem	ium	\$ 469.57				

### 2018

Metallic Tier	Member Months	Distribution	PLRS	ARF	Transfer \$	PMPM
Catastrophic						
Bronze	0	0%	0.000	0.000	\$0	\$0.00
Silver	47,219	15%	1.240	1.063	\$1,407,394	\$29.81
Gold	103,331	34%	1.359	0.943	\$7,474,832	\$72.34
Platinum	155,944	51%	1.565	1.014	\$9,322,507	\$59.78
Total	306,494	100%	1.445	0.997	\$18,204,733	\$59.40
Statewide	846,919		1.267	0.992		
State Average Prem	ium	\$ 516.53				

### Adjustment Factor applied to Market Adjusted Index Rate

		Projected	Risk		
Proj	ected Index	Transfer PMPM	Adjustm	ent	Adjustment
	Rate	(Allowed basis)	User Fe	ee	Factor
\$	613.56	\$67.70	\$	0.14	0.890

Adjustment Factor = (\$613.56 - \$67.7+ \$0.14) / \$613.56

**Exhibit 10A - Desired Incurred Claims Ratio** 

	1Q 2018			2Q 2018			3Q 2018			4Q 2018						
	PMPM		PMPM		PMPM %		% of Revenue	PMPM %		% of Revenue	1	PMPM	% of Revenue		PMPM	% of Revenue
Allowed Claims	\$	602.55		\$	614.64		\$	626.98		\$	639.58					
Paid/Allowed Ratio		87.7%			87.7%			87.7%			87.7%					
Paid Claims & Capitations	\$	528.64		\$	539.25		\$	550.08		\$	561.13					
Risk Adjustment Transfer (Paid Basis)	\$	59.40		\$	59.40		\$	59.40		\$	59.40					
Paid Claims & Capitations (Post-Risk Adj)	\$	469.24	76.5%	\$	479.85	76.7%	\$	490.68	77.0%	\$	501.74	77.2%				
Administrative Expense	\$	57.53	9.4%	\$	57.53	9.2%	\$	57.53	9.0%	\$	57.53	8.9%				
<b>Broker Commissions &amp; Fee</b>	\$	22.80	3.7%	\$	22.80	3.6%	\$	22.80	3.6%	\$	22.80	3.5%				
Contribution to Reserve (Post-Tax)	\$	19.64	3.2%	\$	20.01	3.2%	\$	20.40	3.2%	\$	20.80	3.2%				
Investment Income Credit	\$	(0.00)	-0.0001%	\$	(0.00)	-0.0001%	\$	(0.00)	-0.0001%	\$	(0.00)	-0.0001%				
Non-ACA Taxes & Fees																
State Premium Tax	\$	12.27	2.0%	\$	12.51	2.0%	\$	12.75	2.0%	\$	13.00	2.0%				
State Assessment Fee	\$	0.71	0.1%	\$	0.72	0.1%	\$	0.73	0.1%	\$	0.75	0.1%				
State Income Tax	\$	-	0.0%	\$	-	0.0%	\$	-	0.0%	\$	-	0.0%				
Federal Income Tax	\$	4.91	0.8%	\$	5.00	0.8%	\$	5.10	0.8%	\$	5.20	0.8%				
ACA Taxes & Fees																
Health Insurer Tax	\$	19.64	3.2%	\$	20.01	3.2%	\$	20.40	3.2%	\$	20.80	3.2%				
Risk Adjustment User Fee	\$	0.14	0.0%	\$	0.14	0.0%	\$	0.14	0.0%	\$	0.14	0.0%				
Exchange Assessment Fee	\$	6.14	1.0%	\$	6.25	1.0%	\$	6.38	1.0%	\$	6.50	1.0%				
Federal Exchange User Fee	\$	-	0.0%	\$	-	0.0%	\$	-	0.0%	\$	-	0.0%				
PCORI Tax	\$	0.21	0.0%	\$	0.21	0.0%	\$	0.21	0.0%	\$	0.21	0.0%				
BlueRewards/Incentive Program	\$	0.42	0.1%	\$	0.42	0.1%	\$	0.42	0.1%	\$	0.42	0.1%				
Total Revenue	\$	613.62	100.0%	\$	625.45	100.0%	\$	637.53	100.0%	\$	649.85	100.0%				
Plan Level Admin Load Adjustment		1.3073			1.3030			1.2989			1.2949					
Projected Member Months		115,180			44,344			38,379			121,540					
Average Members		9,598			3,695			3,198			10,128					
% Total 2018		36.1%			13.9%			12.0%			38.0%					

### **Exhibit 10B - Federal MLR**

Traditional MLR Development	Total 2018 PMPM / %		
Paid Claims & Capitations (Post-Risk Adj)		454.26	
Total Revenue Traditional MLR (i.e. DICR)	<b>&gt;</b>	588.71 77.2%	
Federal MLR Development			
Numerator Adjustments			
BlueRewards/Incentive Program	\$	0.42	
<b>Quality Improvement Expenses</b>	\$	2.55	
Removal of non-care costs under MLR guidelines	\$	(4.75)	
Denominator Adjustments			
Non-ACA Taxes & Fees	\$	16.63	
ACA Taxes & Fees	\$	25.07	
Federal MLR Numerator	\$	452.47	
Federal MLR Denominator	\$	547.01	
Federal MLR		82.7%	

The Federal MLR is based on a blended market

Exhibit 11 - Plan Adjusted Index Rates

HIOS Plan ID	Plan Name	Plan Type	Metallic Tier	Exchange	Network	Market Adjusted Index Rate	Internal Pricing AV	Network Factor	Induced Utilization*	Non- EHB**	Admin	Plan Adjusted Index Rate
78079DC0220020	BluePreferred PPO Gold 1000	PPO	Gold	On	Regional Preferred (RPN)	533.43	0.828	1.000	0.9909	1.005	1.307	575.03
78079DC0220021	BluePreferred PPO Gold 500	PPO	Gold	On	Regional Preferred (RPN)	533.43	0.853	1.000	0.9909	1.005	1.307	592.27
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.744	1.000	0.9034	1.005	1.307	470.84
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.718	1.000	0.9034	1.005	1.307	454.92
78079DC0220024	BluePreferred PPO Platinum 0	PPO	Platinum	On	Regional Preferred (RPN)	533.43	0.943	1.000	1.0553	1.005	1.307	697.35
78079DC0220025	BluePreferred PPO Platinum 500	PPO	Platinum	On	Regional Preferred (RPN)	533.43	0.898	1.000	1.0553	1.005	1.307	663.83
78079DC0220026	BluePreferred PPO Silver 1000	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.752	1.000	0.9457	1.005	1.307	498.66
78079DC0220027	HealthyBlue PPO Gold 1500	PPO	Gold	On	Regional Preferred (RPN)	533.43	0.843	1.000	0.9909	1.005	1.307	585.54
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.734	1.000	0.9034	1.005	1.307	464.94
78079DC0220029	HealthyBlue PPO Platinum 1000	PPO	Platinum	On	Regional Preferred (RPN)	533.43	0.889	1.000	1.0553	1.005	1.307	657.51
78079DC0220030	HealthyBlue PPO Platinum 500	PPO	Platinum	On	Regional Preferred (RPN)	533.43	0.906	1.000	1.0553	1.005	1.307	670.45
78079DC0220031	BluePreferred PPO Gold 1500	PPO	Gold	On	Regional Preferred (RPN)	533.43	0.812	1.000	0.9909	1.005	1.307	564.25
78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	Gold	On	Regional Preferred (RPN)	533.43	0.780	1.000	0.9909	1.000	1.307	538.97
78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.682	1.000	0.9034	1.000	1.307	429.67
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	Silver	On	Regional Preferred (RPN)	533.43	0.744	1.000	0.9034	1.005	1.307	471.29

<sup>\*</sup>Exhibit 15, \*\*Exhibit 3

**Exhibit 12 - AV Values** 

HIOS Plan ID	HIOS Plan Name	HHS AV
78079DC0220020	BluePreferred PPO Gold 1000	0.806
78079DC0220021	BluePreferred PPO Gold 500	0.804
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	0.711
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	0.696
78079DC0220024	BluePreferred PPO Platinum 0	0.910
78079DC0220025	BluePreferred PPO Platinum 500	0.900
78079DC0220026	BluePreferred PPO Silver 1000	0.720
78079DC0220027	HealthyBlue PPO Gold 1500	0.812
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	0.699
78079DC0220029	HealthyBlue PPO Platinum 1000	0.898
78079DC0220030	HealthyBlue PPO Platinum 500	0.903
78079DC0220031	BluePreferred PPO Gold 1500	0.807
78079DC0220032	BluePreferred PPO 1000 90%/70%	0.799
78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	0.714
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	0.714

### **Exhibit 13 - Age Calibration**

	Average Age	Factor	
(1) Projected	42.4	1.071	
(2) Nearest Rounded	42.0	1.053	
(3) Calibration		0.983	(2)/(1)

The nearest rounded age is determined as the age for the factor closest to the member weighted average factor. The projected average age is then interpolated using the nearest and average factors and the nearest age.

### Exhibit 14 - Age Factors

Age	Factor
<=14	0.654
15	0.654
16	0.654
17	0.654
18	0.654
19	0.654
20	0.654
21	0.727
22	0.727
23	0.727
24	0.727
25	0.727
26	0.727
27	0.727
28	0.744
29	0.760
30	0.779
31	0.799
32	0.817
33	0.836
34	0.856
35	0.876
36	0.896
37	0.916
38	0.927
39	0.938
40	0.975
41	1.013
42	1.053
43	1.094
44	1.137
45	1.181
46	1.227
47	1.275
48	1.325
49	1.377
50	1.431
51	1.487
52	1.545
53	1.605
54	1.668
55	1.733
56	1.801
57	1.871
58	1.944
59	2.020
60	2.099
61	2.181
62	2.181
63	2.181
64+	2.181

**Exhibit 15 - Induced Utilization Factors** 

	Projected Member		
CDH/Non-CDH	Months	Relative to HSA/HRA	Relative to Average
HSA/HRA	50,178	1.000	0.960
Non-CDH	372,941	1.047	1.005
	423,119	1.042	
	Projected Member		
Metal Level	Months	Relative to Bronze	Relative to Average
Catastrophic	0	1.000	0.913
Bronze	25,458	1.000	0.913
Silver	93,174	1.030	0.941
Gold	118,703	1.080	0.986
Platinum	185,784	1.150	1.050
Total	423,119	1.095	

Factors are applied as plan level adjustments

#### Appendix - Experience Period to Rating Period Plan Mappings

		Exp. Period			Current Period		Rating Period
2015 Base HIOS Plan ID	2015 HIOS Plan Name	2016 Base HIOS Plan ID	2016 HIOS Plan Name	2017 Base HIOS Plan ID	2017 HIOS Plan Name	2018 Base HIOS Plan ID	2018 HIOS Plan Name
78079DC0170001	BlueCross BlueShield Preferred 1000, A Multi-State Plan	78079DC0170001	BlueCross BlueShield Preferred 1000, a Multi-State Plan	78079DC0220032	BluePreferred PPO 1000 90%/70%	78079DC0220032	BluePreferred PPO 1000 90%/70%
78079DC0190001	BlueCross BlueShield Preferred 2000, A Multi-State Plan	78079DC0170002	BlueCross BlueShield Preferred 2000, a Multi-State Plan (HSA/HRA)	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%
78079DC0220006	BluePreferred PPO \$500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500	78079DC0220025	BluePreferred PPO Platinum 500
8079DC0220007	BluePreferred PPO \$1,200	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500
8079DC0220011	BluePreferred PPO \$4,500	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000
'8079DC0220012	BluePreferred PPO \$1,000 100%/80%	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000
78079DC0220013	BluePreferred PPO 100%/80%, Rx:\$10/\$45/\$65/50%	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0
8079DC0220014	BluePreferred PPO \$1,000 80%/60%	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000	78079DC0220020	BluePreferred PPO Gold 1000
8079DC0220015	BluePreferred PPO \$2,000	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500	78079DC0220031	BluePreferred PPO Gold 1500
8079DC0220016	BluePreferred PPO 100%/80%, Rx: \$10/20%/40%/50%	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0	78079DC0220024	BluePreferred PPO Platinum 0
78079DC0220018	BluePreferred PPO \$1000 \$30/\$40	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000	78079DC0220026	BluePreferred PPO Silver 1000
'8079DC0220019	BluePreferred PPO \$500 \$20/\$30	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500	78079DC0220021	BluePreferred PPO Gold 500
'8079DC0230003	BluePreferred PPO HSA/HRA \$4,000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
8079DC0230008	BluePreferred PPO HSA/HRA \$1,400	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500
8079DC0230009	BluePreferred PPO HSA/HRA \$4,500	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
8079DC0230010	BluePreferred PPO HSA/HRA \$2000, 100%/80%	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
78079DC0230011	BluePreferred PPO HSA/HRA \$1,800	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000
'8079DC0300004	HealthyBlue PPO \$1,500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500	78079DC0220027	HealthyBlue PPO Gold 1500
'8079DC0300005	HealthyBlue PPO \$300	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500	78079DC0220030	HealthyBlue PPO Platinum 500
8079DC0300006	HealthyBlue PPO \$600	78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220029	HealthyBlue PPO Platinum 1000	78079DC0220029	HealthyBlue PPO Platinum 1000
'8079DC0310002	HealthyBlue PPO HSA/HRA \$2,000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000
				78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HS/

### Appendix - Annual Rate Change Based on Mapping

Bronze Members/Avg Renewal	-	n/a
Silver Members/Avg Renewal	3,307	19.8%
Gold Members/Avg Renewal	10,151	15.8%
Platinum Members/Avg Renewal	12,555	13.7%
All Members/Avg Renewal	26,013	15.3%
Minimum Renewal		11.9%
Maximum Renewal		20.2%

2017 HIOS Plan ID	2017 HIOS Plan Name	2017 Metal Level	2017 Marketplace Indicator	2018 HIOS Plan ID	2018 HIOS Plan Name	2018 Metal Level	2018 Marketplace Indicator	Projected 2017 EOY Members	1Q2017 Base Rate	1Q2018 Base Rate	Annual Rate Change
78079DC0220020	BluePreferred PPO Gold 1000	Gold	On	78079DC0220020	BluePreferred PPO Gold 1000	Gold	On	3,626	\$461.83	\$536.70	16.2%
78079DC0220021	BluePreferred PPO Gold 500	Gold	On	78079DC0220021	BluePreferred PPO Gold 500	Gold	On	2,651	\$474.05	\$552.80	16.6%
78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	Silver	On	78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	Silver	On	1,367	\$366.34	\$439.46	20.0%
78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	Silver	On	78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	Silver	On	1,198	\$353.31	\$424.60	20.2%
78079DC0220024	BluePreferred PPO Platinum 0	Platinum	On	78079DC0220024	BluePreferred PPO Platinum 0	Platinum	On	8,715	\$573.04	\$650.87	13.6%
78079DC0220025	BluePreferred PPO Platinum 500	Platinum	On	78079DC0220025	BluePreferred PPO Platinum 500	Platinum	On	3,424	\$543.44	\$619.58	14.0%
78079DC0220026	BluePreferred PPO Silver 1000	Silver	On	78079DC0220026	BluePreferred PPO Silver 1000	Silver	On	413	\$392.72	\$465.42	18.5%
78079DC0220027	HealthyBlue PPO Gold 1500	Gold	On	78079DC0220027	HealthyBlue PPO Gold 1500	Gold	On	2,079	\$477.36	\$546.51	14.5%
78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	Silver	On	78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	Silver	On	240	\$363.20	\$433.95	19.5%
78079DC0220029	HealthyBlue PPO Platinum 1000	Platinum	On	78079DC0220029	HealthyBlue PPO Platinum 1000	Platinum	On	109	\$537.17	\$613.68	14.2%
78079DC0220030	HealthyBlue PPO Platinum 500	Platinum	On	78079DC0220030	HealthyBlue PPO Platinum 500	Platinum	On	307	\$559.03	\$625.76	11.9%
78079DC0220031	BluePreferred PPO Gold 1500	Gold	On	78079DC0220031	BluePreferred PPO Gold 1500	Gold	On	1,451	\$456.78	\$526.64	15.3%
78079DC0220032	BluePreferred PPO 1000 90%/70%	Gold	On	78079DC0220032	BluePreferred PPO 1000 90%/70%	Gold	On	344	\$439.11	\$503.05	14.6%
78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	Silver	On	78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	Silver	On	65	\$340.02	\$401.03	17.9%
78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	Silver	On	78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	Silver	On	24	\$366.76	\$439.88	19.9%

### **Appendix - Quarterly Rate Change Adjustment Factors**

	(1)	(2)	(3) = (1 + (1))*(1 + (2)) -1
Quarter	Market Adj. Index Rate	Admin Load Factor	Plan Adjusted Index Rates
2Q18	2.0%	-0.3%	1.7%
3Q18	2.0%	-0.3%	1.7%
4Q18	2.0%	-0.3%	1.7%

The changes above are relative to the preceding quarter and no other changes factor into the 2Q, 3Q and 4Q rates.

### **Appendix - Maximum Rate Renewal**

	2017	2018	% Change
Base Rate	\$353.31	\$424.60	20.2%
Age Factor	0.654	0.727	11.2%
Geographic Factor	1.000	1.000	0.0%
Tobacco Factor	1.000	1.000	0.0%
Total	\$231.06	\$308.68	33.6%

	BluePreferred PPO	BluePreferred PPO
	HSA/HRA Silver	HSA/HRA Silver
Base Rate/Product(s)	2000	2000
Age Change	20	21
Geo Change*	N/A	N/A
Tobacco Change**	N/A	N/A

<sup>\*</sup>we did not geo rate

<sup>\*\*</sup>we did not tobacco rate

#### Appendix - Form Numbers - Small Group

### Form Numbers Associated With This Filing:

This list contains the applicable forms for the new products. Some of these are also used with other products, which may be open or closed to new sales. These forms are used with products that are both grandfathered and non-grandfathered.

#### ON Exchange

### Forms Used for ALL ON-Exchange GHMSI Group Products

DC-CF-SHOP-GC (R 1-17)

DC-CF-SHOP-PPO-EOC (1-17)

DC/GHMSI/DOL APPEAL (R. 1/17)

DC-CF-SHOP-PPO-DOCS (1-17)

DC/CF/SHOP/ELIG (1/14)

DC/GHMSI/FAM PLAN (8/12)

DC/CF/PARTNER (R. 7/09)

DC/CF/BLCRD (R. 1/17)

DC/CF/MEM/BLCRD (R. 1/17)

DC/CF/ANCILLARY AMEND (10/12)

DC/CF/SHOP/2018 AMEND (1/18)

DC/CF/PT PROTECT (9/10)

DC/GHMSI-HEALTH GUARANTEE 1/15

DC/CF/SG/INCENT (R. 1/18)

DC CF SHOP ELIG AMEND (1-17)

#### Product: BluePreferred

#### Network: Regional Preferred (RPN)

DC CF BP PPO 1000 90-70 (1-18)

DC CF BP PPO BF HSA SIL 1500 (1-18)

DC CF BP PPO CDH 2000 80-60 (1-18)

DC CF BP PPO CDH SIL 1500 (1-18)

DC CF BP PPO CDH SIL 2000 (1-18)

DC CF BP PPO GOLD 500 (1-18)

DC CF BP PPO GOLD 1000 (1-18)

DC CF BP PPO GOLD 1500 (1-18)

DC CF BP PPO PLAT 0 (1-18)

DC CF BP PPO PLAT 500 (1-18)

DC CF BP PPO SIL 1000 (1-18)

Product: HealthyBlue PPO

Network: Regional Preferred (RPN)

DC CF HB PPO CDH SIL 2000 (1-18)

DC CF HB PPO GOLD 1500 (1-18)

DC CF HB PPO PLAT 500 (1-18)

DC CF HB PPO PLAT 1000 (1-18)

**Appendix - Experience by Service Category** 

RPT_YR_MTH	MEMB_CNT	SERVC_CTGY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	7,418	IP	\$727,774	Admit	46.00
201402	9,025	IP	\$721,325	Admit	55.00
201403	10,320	IP	\$632,867	Admit	60.00
201404	11,168	IP	\$943,968	Admit	62.00
201405	12,443	IP	\$925,884	Admit	64.00
201406	13,802	IP	\$1,154,796	Admit	79.00
201407	16,256	IP	\$904,962	Admit	79.00
201408	18,515	IP	\$1,836,363	Admit	85.00
201409	20,802	IP	\$1,502,490	Admit	96.00
201410	22,705	IP	\$3,076,520	Admit	123.00
201411	25,280	IP	\$1,396,286	Admit	105.00
201412	38,029	IP	\$2,346,881	Admit	184.00
201501	37,788	IP	\$3,074,408	Admit	162.00
201502	37,691	IP	\$2,190,779	Admit	167.00
201503	37,675	IP	\$3,158,341	Admit	217.00
201504	37,643	IP	\$2,854,358	Admit	183.00
201505	37,323	IP	\$3,204,951	Admit	192.00
201506	37,220	IP	\$3,735,881	Admit	180.00
201507	37,169	IP	\$3,480,224	Admit	206.00
201508	36,937	IP	\$2,873,456	Admit	190.00
201509	36,915	IP	\$3,077,277	Admit	166.00
201510	36,736	IP	\$3,175,921	Admit	189.00
201511	36,893	IP	\$2,163,713	Admit	148.00
201512	36,475	IP	\$2,697,424	Admit	185.00
201601	37,936	IP	\$4,164,675	Admit	246.00
201602	38,265	IP	\$3,414,335	Admit	166.00
201603	38,703	IP	\$4,865,193	Admit	213.00
201604	38,577	IP	\$3,144,852	Admit	208.00
201605	38,594	IP	\$3,444,476	Admit	220.00
201606	38,590	IP	\$3,763,106		207.00
201607	38,433	IP	\$3,911,619		210.00
201608	37,664	IP	\$4,515,199		223.00
201609	37,088	IP IP	\$4,089,322 \$2,545,701		229.00
201610 201611	37,022 36,181	IP IP	\$3,545,701 \$3,410,788		225.00 210.00
201611	33,439	IP	\$2,289,434		151.00
201701	34,634	IP	\$2,576,463		147.00
201702	35,060	IP	\$1,912,529		89.00

RPT_YR_MTH	MEMB_CNT	SERVC_CTGY_CD	ULTMT_ALLWD_AMT Utilization Uni	t Utilization
201401	7,418	OP	\$634,702 Visit	481.00
201402	9,025	OP	\$635,387 Visit	580.00
201403	10,320	OP	\$1,189,692 Visit	764.00
201404	11,168	OP	\$1,037,175 Visit	825.00
201405	12,443	OP	\$1,094,219 Visit	864.00
201406	13,802	OP	\$1,124,059 Visit	949.00
201407	16,256	OP	\$1,455,747 Visit	1,164.00
201408	18,515	OP	\$1,889,782 Visit	1,406.00
201409	20,802	OP	\$1,963,114 Visit	1,623.00
201410	22,705	OP	\$2,472,474 Visit	1,923.00
201411	25,280	OP	\$2,351,126 Visit	1,762.00
201412	38,029	OP	\$4,196,609 Visit	2,940.00
201501	37,788	OP	\$4,015,415 Visit	2,857.00
201502	37,691	OP	\$3,275,731 Visit	2,483.00
201503	37,675	OP	\$3,879,241 Visit	2,928.00
201504	37,643	OP	\$3,846,299 Visit	2,752.00
201505	37,323	OP	\$3,678,551 Visit	2,696.00
201506	37,220	OP	\$3,763,966 Visit	2,804.00
201507	37,169	OP	\$3,617,793 Visit	2,866.00
201508	36,937	OP	\$3,565,874 Visit	2,809.00
201509	36,915	OP	\$3,445,365 Visit	2,744.00
201510	36,736	OP	\$3,963,303 Visit	2,813.00
201511	36,893	OP	\$3,907,193 Visit	2,897.00
201512	36,475	OP	\$4,246,903 Visit	3,040.00
201601	37,936	OP	\$4,478,612 Visit	3,105.00
201602	38,265	OP	\$4,305,424 Visit	3,236.00
201603	38,703	OP	\$4,755,077 Visit	3,331.00
201604	38,577	OP	\$4,369,339 Visit	3,222.00
201605	38,594	OP	\$4,237,778 Visit	3,241.00
201606	38,590	OP	\$4,458,753 Visit	3,331.00
201607	38,433	OP	\$3,948,056 Visit	3,082.00
201608	37,664	OP	\$4,118,770 Visit	3,244.00
201609	37,088	OP	\$4,055,618 Visit	3,080.00
201610	37,022	OP	\$4,011,392 Visit	3,027.00
201611	36,181	OP	\$4,439,716 Visit	2,925.00
201612	33,439	OP	\$4,102,428 Visit	2,625.00
201701	34,634	OP	\$4,283,082 Visit	2,521.00
201702	35,060	OP	\$3,545,520 Visit	2,453.00

RPT_YR_MTH	MEMB_CNT	SERVC_CTGY_CD	ULTMT_ALLWD_AMT Utilization U	Jnit Utilization
201401	7,418	PROF	\$956,680 Visit	5,404.00
201402	9,025	PROF	\$1,052,121 Visit	6,213.00
201403	10,320	PROF	\$1,357,705 Visit	8,174.00
201404	11,168	PROF	\$1,538,875 Visit	9,217.00
201405	12,443	PROF	\$1,672,157 Visit	9,933.00
201406	13,802	PROF	\$1,786,082 Visit	10,835.00
201407	16,256	PROF	\$2,216,511 Visit	13,366.00
201408	18,515	PROF	\$2,560,175 Visit	14,995.00
201409	20,802	PROF	\$3,095,709 Visit	18,632.00
201410	22,705	PROF	\$3,904,647 Visit	23,443.00
201411	25,280	PROF	\$3,318,512 Visit	20,557.00
201412	38,029	PROF	\$5,678,777 Visit	34,871.00
201501	37,788	PROF	\$5,822,731 Visit	33,930.00
201502	37,691	PROF	\$5,017,706 Visit	29,945.00
201503	37,675	PROF	\$5,815,587 Visit	33,848.00
201504	37,643	PROF	\$5,933,362 Visit	34,688.00
201505	37,323	PROF	\$5,540,454 Visit	32,703.00
201506	37,220	PROF	\$5,879,934 Visit	34,579.00
201507	37,169	PROF	\$6,046,068 Visit	34,294.00
201508	36,937	PROF	\$5,464,196 Visit	32,241.00
201509	36,915	PROF	\$5,585,289 Visit	33,596.00
201510	36,736	PROF	\$6,332,765 Visit	37,585.00
201511	36,893	PROF	\$5,748,944 Visit	33,829.00
201512	36,475	PROF	\$5,827,133 Visit	34,666.00
201601	37,936	PROF	\$6,341,895 Visit	33,530.00
201602	38,265	PROF	\$6,268,825 Visit	35,842.00
201603	38,703	PROF	\$6,756,837 Visit	39,255.00
201604	38,577	PROF	\$6,257,425 Visit	36,823.00
201605	38,594	PROF	\$6,501,028 Visit	37,134.00
201606	38,590	PROF	\$6,712,986 Visit	37,616.00
201607	38,433	PROF	\$5,834,296 Visit	33,435.00
201608	37,664	PROF	\$6,641,813 Visit	37,220.00
201609	37,088	PROF	\$6,328,700 Visit	35,599.00
201610	37,022	PROF	\$6,323,852 Visit	36,462.00
201611	36,181	PROF	\$6,122,435 Visit	34,290.00
201612	33,439	PROF	\$5,651,900 Visit	29,420.00
201701	34,634	PROF	\$6,081,352 Visit	31,690.00
201702	35,060	PROF	\$7,383,608 Visit	39,080.00

RPT_YR_MTH	MEMB_CNT	SERVC_CTGY_CD	ULTMT_ALLWD_AMT Utilization Un	it Utilization
201401	7,418	OTHR	\$138,846 Service	850.00
201402	9,025	OTHR	\$204,961 Service	1,055.00
201403	10,320	OTHR	\$293,757 Service	1,440.00
201404	11,168	OTHR	\$263,401 Service	1,650.00
201405	12,443	OTHR	\$417,703 Service	1,504.00
201406	13,802	OTHR	\$431,427 Service	2,016.00
201407	16,256	OTHR	\$511,877 Service	2,273.00
201408	18,515	OTHR	\$541,563 Service	2,194.00
201409	20,802	OTHR	\$639,226 Service	2,769.00
201410	22,705	OTHR	\$767,493 Service	3,134.00
201411	25,280	OTHR	\$747,563 Service	3,241.00
201412	38,029	OTHR	\$1,210,240 Service	5,313.00
201501	37,788	OTHR	\$1,173,889 Service	4,805.00
201502	37,691	OTHR	\$1,149,120 Service	4,518.00
201503	37,675	OTHR	\$1,175,419 Service	5,211.00
201504	37,643	OTHR	\$1,316,590 Service	5,366.00
201505	37,323	OTHR	\$1,066,935 Service	4,365.00
201506	37,220	OTHR	\$1,206,808 Service	5,191.00
201507	37,169	OTHR	\$1,242,009 Service	4,930.00
201508	36,937	OTHR	\$1,228,486 Service	5,318.00
201509	36,915	OTHR	\$1,130,709 Service	4,765.00
201510	36,736	OTHR	\$1,200,467 Service	5,064.00
201511	36,893	OTHR	\$1,005,558 Service	4,453.00
201512	36,475	OTHR	\$1,223,214 Service	5,287.00
201601	37,936	OTHR	\$1,039,217 Service	4,599.00
201602	38,265	OTHR	\$1,124,773 Service	4,766.00
201603	38,703	OTHR	\$1,271,085 Service	5,507.00
201604	38,577	OTHR	\$1,101,183 Service	5,206.00
201605	38,594	OTHR	\$1,259,814 Service	5,384.00
201606	38,590	OTHR	\$1,511,779 Service	5,541.00
201607	38,433	OTHR	\$1,213,001 Service	4,765.00
201608	37,664	OTHR	\$1,355,920 Service	5,890.00
201609	37,088	OTHR	\$1,218,046 Service	4,431.00
201610	37,022	OTHR	\$1,071,143 Service	4,495.00
201611	36,181	OTHR	\$1,223,992 Service	4,307.00
201612	33,439	OTHR	\$1,395,048 Service	3,962.00
201701	34,634	OTHR	\$1,049,029 Service	3,518.00
201702	35,060	OTHR	\$1,047,467 Service	4,086.00

RPT_YR_MTH	MEMB_CNT	SERVC_CTGY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization
201401	7,418	RX	\$358,357	Script	3,383.00
201402	9,025	RX	\$621,733	Script	5,606.00
201403	10,320	RX	\$1,015,807	Script	8,245.00
201404	11,168	RX	\$1,128,385	Script	8,973.00
201405	12,443	RX	\$1,236,865	Script	9,940.00
201406	13,802	RX	\$1,454,488	Script	10,821.00
201407	16,256	RX	\$1,868,197	Script	12,931.00
201408	18,515	RX	\$1,862,162	Script	14,423.00
201409	20,802	RX	\$2,243,994	Script	16,811.00
201410	22,705	RX	\$2,675,779		18,850.00
201411	25,280	RX	\$2,611,038		19,251.00
201412	38,029	RX	\$4,599,459	Script	33,567.00
201501	37,788	RX	\$4,450,672	Script	31,353.00
201502	37,691	RX	\$4,059,454	Script	28,203.00
201503	37,675	RX	\$4,629,040		31,223.00
201504	37,643	RX	\$4,762,836	·	30,339.00
201505	37,323	RX	\$4,465,233	·	30,080.00
201506	37,220	RX	\$4,740,016	Script	30,313.00
201507	37,169	RX	\$4,837,803	·	30,214.00
201508	36,937	RX	\$4,723,022	·	29,461.00
201509	36,915	RX	\$4,669,373		29,251.00
201510	36,736	RX	\$5,238,483		30,578.00
201511	36,893	RX	\$4,674,219	·	29,658.00
201512	36,475	RX	\$5,539,579	·	31,830.00
201601	37,936	RX	\$4,647,645	·	29,217.00
201602	38,265	RX	\$5,012,481		30,850.00
201603	38,703	RX	\$5,815,563	·	33,665.00
201604	38,577	RX	\$5,529,040	·	31,464.00
201605	38,594	RX	\$5,507,622		32,125.00
201606	38,590	RX	\$6,148,909		31,661.00
201607	38,433	RX	\$5,905,042	·	30,141.00
201608	37,664	RX	\$6,084,880	·	31,577.00
201609	37,088	RX	\$5,261,444	·	29,733.00
201610	37,022	RX	\$5,665,716		29,988.00
201611	36,181	RX	\$5,279,833		30,056.00
201612	33,439	RX	\$5,390,690	·	29,407.00
201701	34,634	RX	\$5,371,675	·	29,386.00
201702	35,060	RX	\$5,438,583	Script	28,238.00

RPT_YR_MTH	MEMB_CNT	SERVC_CTGY_CD	ULTMT_ALLWD_AMT	Utilization Unit	Utilization	Premium	Incurred Claims
201401	7,418	All	\$2,816,359	n/a	n/a	3,366,675	\$2,113,489
201402	9,025	All	\$3,235,527	n/a	n/a	3,732,241	\$2,496,771
201403	10,320	All	\$4,489,829	n/a	n/a	4,364,654	\$3,574,334
201404	11,168	All	\$4,911,804	n/a	n/a	4,771,471	\$4,012,384
201405	12,443	All	\$5,346,828	n/a	n/a	5,305,053	\$4,422,718
201406	13,802	All	\$5,950,852	n/a	n/a	5,928,618	\$4,989,575
201407	16,256	All	\$6,957,294	n/a	n/a	7,090,278	\$5,819,775
201408	18,515	All	\$8,690,045	n/a	n/a	8,189,435	\$7,484,605
201409	20,802	All	\$9,444,533	n/a	n/a	9,464,244	\$8,045,176
201410	22,705	All	\$12,896,912	n/a	n/a	10,398,951	\$11,407,622
201411	25,280	All	\$10,424,526	n/a	n/a	11,553,834	\$9,075,011
201412	38,029	All	\$18,031,967	n/a	n/a	18,491,108	\$15,570,507
201501	37,788	All	\$18,537,115	n/a	n/a	18,255,612	\$15,198,826
201502	37,691	All	\$15,692,790	n/a	n/a	18,062,447	\$13,134,864
201503	37,675	All	\$18,657,629	n/a	n/a	15,299,962	\$16,021,041
201504	37,643	All	\$18,713,444	n/a	n/a	18,149,629	\$16,291,157
201505	37,323	All	\$17,956,123	n/a	n/a	18,152,384	\$15,750,807
201506	37,220	All	\$19,326,605	n/a	n/a	18,108,442	\$17,189,161
201507	37,169	All	\$19,223,897	n/a	n/a	18,145,160	\$17,167,146
201508	36,937	All	\$17,855,033	n/a	n/a	18,176,360	\$15,887,977
201509	36,915	All	\$17,908,012	n/a	n/a	18,265,188	\$16,066,546
201510	36,736	All	\$19,910,939	n/a	n/a	18,262,720	\$17,861,853
201511	36,893	All	\$17,499,627	n/a	n/a	18,474,685	\$15,705,549
201512	36,475	All	\$19,534,253	n/a	n/a	19,013,490	\$17,318,645
201601	37,936	All	\$20,672,044	n/a	n/a	19,461,853	\$16,693,927
201602	38,265	All	\$20,125,838	n/a	n/a	19,691,533	\$16,532,176
201603	38,703	All	\$23,463,755	n/a	n/a	19,850,004	\$20,029,525
201604	38,577	All	\$20,401,839	n/a	n/a	19,828,230	\$16,913,301
201605	38,594	All	\$20,950,718	n/a	n/a	19,807,063	\$17,812,597
201606	38,590	All	\$22,595,534	n/a	n/a	19,857,625	\$19,511,846
201607	38,433	All	\$20,812,013	n/a	n/a	19,759,352	\$18,362,252
201608	37,664	All	\$22,716,582	n/a	n/a	19,330,516	\$19,911,040
201609	37,088	All	\$20,953,131	n/a	n/a	19,059,307	\$18,235,895
201610	37,022	All	\$20,617,803	n/a	n/a	19,014,969	\$17,959,679
201611	36,181	All	\$20,476,764	n/a	n/a	18,660,654	\$17,637,215
201612	33,439	All	\$18,829,499	n/a	n/a	17,633,146	\$15,858,350
201701	34,634	All	\$19,361,601	n/a	n/a	18,043,398	\$16,147,994
201702	35,060	All	\$19,327,708	n/a	n/a	18,281,809	\$15,743,962

## CAREFIRST BLUECROSS BLUESHIELD PART III ACTUARIAL MEMORANDUM

Please note that the numbering below is consistent with the numbering in the 2018 Unified Rate Review Instructions.

**4.1 REDACTED ACTUARIAL MEMORANDUM (AM):** CareFirst (CF) is making no redactions so both AM submissions are the same.

### 4.2 GENERAL INFORMATION:

Company Legal Name: Group Hospitalization & Medical Services, Inc. (NAIC # 53007) (GHMSI).

**State**: District of Columbia. **HIOS Issuer ID**: 78079.

Market: Small Groups (On & Off Exchange).

Effective Date: 1/1/18 and quarterly incremental "trend" increases effective 4/1/18, 7/1/18 and 10/1/18.

Company Filing Number: 2169

Primary Contact Name: Mr. Dwayne Lucado, F.S.A., M.A.A.A.

Primary Contact Telephone Number: 410-998-7519.

Primary Contact E-Mail Address: Dwayne.Lucado@CareFirst.com.

**4.3 PROPOSED RATE INCREASE(S)**: Base rates are changing 15.3% on average for 1Q18. The range is 11.9% to 20.2%. The estimated average base rate changes for 2Q18, 3Q18, and 4Q18 will be 14.1%, 13.1% and 12.0%, respectively. This filing applies to all new and renewing, in-force business in the guaranteed renewable, non-grandfathered, ACA, metaled benefit plans. The number of policyholders affected by this rate change is 14,697.

Please note that the proposed rates in this filing assume that the full amount of Cost Share Reduction subsidies will be funded and paid to affected carriers. In the event these subsidies are not funded and paid to carriers, we reserve the right to re-file and adjust the rate actions proposed in this filing.

**Reason for Rate Increase(s):** The main drivers supporting the rate increase are the assumed increases in allowed costs (8.3% assumed annual trend), and the reintroduction of the Health Insurer Fee in 2018, and deterioration in the base period experience.

### 4.4 MARKET EXPERIENCE:

**4.4.1 - EXPERIENCE PERIOD PREMIUM AND CLAIMS**: The incurred period is 1/1/16 through 12/31/16, as required.

Paid Through Date: 2/28/17

Premiums (Net of MLR Rebate) in Experience Period: \$231,954,252 (Merged)

Estimated MLR rebates in Experience Period: \$0

Allowed and Incurred Claims From Experience Period: \$244,272,998 (Merged) Paid and Incurred Claims From Experience Period: \$215,457,804 (Merged)

**Estimates of Incurred but not Paid claims:** These were estimated the same way for both paid and allowed claims. Estimates were derived using an internal "chain and ladder" model which is used in monthly reserving and is based on the most recent 36 months to derive the completion factor and IBNR for each incurred month.

### 4.4.2 - BENEFIT CATEGORIES:

Inpatient (hospital), outpatient (hospital), professional, other medical (non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, pediatric dental services and other), prescription drug & capitations.

### 4.4.3 - PROJECTION FACTORS:

Changes in the Morbidity of the Population Insured: In developing our 2018 rates, CareFirst has Projected the expected change of the single risk pool from 2016 to 2018. Our starting point for this projection are allowed claims by member from the base period normalized for age, gender, induced demand and network as specified in the URRT instructions on page 56. The numbers described above produce the morbidity factor that is displayed in Exhibit 4.

**Changes in Benefits:** Exhibit 5 in the Memorandum details our support to this adjustment to account for anticipated changes in the average utilization of services due to differences in average cost-sharing requirements between the experience and projection periods.

**Changes in Demographics:** Exhibit 6 in the Memorandum contains support for our adjustment due to the anticipated change in the average age of this population between the experience and projection periods.

**Other Adjustments**: We are proposing additional other adjustments for changes to our capitation fees, drug rebates and a formulary change. See Exhibit 7 in the Memorandum for details supporting these adjustments.

**Trend Factors (Cost/Utilization):** Exhibit 8 in the Memorandum contains our selected annual utilization and unit cost trends by service category. We used observed rolling 12 PMPM allowed claims for the pool in total to fit a linear regression curve. Unit cost and utilization trends were set by service category based on observed trends over the experience period and to produce the overall anticipated trend indicated by our regression analysis.

- **4.4.4 CREDIBILITY MANUAL RATE DEVELOPMENT**: This section is not needed since our base period experience is deemed fully credible.
- **4.4.5 CREDIBILITY OF EXPERIENCE:** Exhibit 2 of the Memorandum contains a summary of our base period experience, including member months. We have assigned full credibility to this experience.
- **4.4.6 PAID TO ALLOWED RATIO:** See Exhibit 10A in the Memorandum for the projected ratio of paid to allowed claims.

### 4.4.7 - RISK ADJUSTMENT AND REINSURANCE:

**Experience Period Risk Adjustment and Reinsurance Adjustments PMPM**: The estimates of the experience period Risk Adjustment transfers in the URRT are based on a multi-carrier analysis by Wakely Consulting Group. Since this is a SG filing Reinsurance Claims Adjustments do not apply.

**Projected Risk Adjustments PMPM**: Exhibit 9 in the Memorandum contains details behind the assumed transfer amount and anticipated PLRS for this pool in 2018.

Projected ACA Reinsurance Recoveries Net of Reinsurance Premium (Individual Market and Combined Markets Only): Reinsurance does not apply for 2018.

**4.4.8 - NON-BENEFIT EXPENSES AND CONTRIBUTION TO RESERVE (CtR) & RISK**: The 2018 "desired incurred claims ratio" (DICR) is 76.5% (1Q 2018).

**Administrative Expense Load**: See Exhibit 10A in the Memorandum for the assumed PMPMs (including Broker Commissions & Fees).

Contribution to Reserve & Risk Margin: See Exhibit 10A in the Memorandum.

### Taxes and Fees:

See Exhibit 10A in the Memorandum for the assumed values of the following additional items.

- 1) Federal Income Tax (FIT)
- 2) State Regulatory Trust Annual Assessment Fee
- 3) Health Insurer Fee
- 4) PCORI
- 5) Risk Adjustment User Fee
- 6) Exchange User Fee
- **4.5 PROJECTED LOSS RATIO**: See exhibit 10B in the Memorandum for a demonstration of our compliance with meeting the 80.0% minimum of the "Public Health Service Act" (PHSA) 218.

### 4.6 APPLICATION OF MARKET REFORM RATING RULES:

**4.6.1 - SINGLE RISK POOL (SRP)**: Our SRP reflects all covered lives for every non-grandfathered product in our market per 45 CFR Part § 156.80 (d).

### 4.6.2 - INDEX RATE:

The base period allowed PMPM, including the split between EHB & Non-EHBs can be found on Exhibit 1 in the Memorandum.

The projected index rate is also included in Exhibit 1 and projected Non-EHBs are included on Exhibit 3.

The non-EHBs in both the base and projection periods reflect coverage for abortion services, hair prosthesis and morbid obesity.

**4.6.2.1 - Small Group Quarterly Rate Filings:** This filing includes quarterly incremental "trend" increases. Quarterly trend amounts can be found in the Appendix – Quarterly Changes exhibit of the Memorandum.

### 4.6.3 - MARKET ADJUSTED INDEX RATE:

See Exhibit 1 of the Memorandum for the application of these factors. Exhibit 9 contains more detail behind the Risk Adjustment Program Market Level Adjustment.

- **4.6.4 PLAN ADJUSTED INDEX RATES**: There is a "cost-share" factor derived from our internal pricing AV model. An induced utilization factor is also applied and includes a CDH/Non-CDH factor and a metal level induced demand factor. Cost-Share factors, induced utilization factors and Non-EHBs vary by plan. All other factors applying to the Market Adjusted Index Rate are the same across all plans.
- **4.6.5 CALIBRATION**: Done for age, but we have elected not to rate for tobacco usage. Geographic rating does not apply, as D.C. has only one rating area.

**Age Curve Calibration –** We have calibrated to the rounded weighted average age which was determined as the age for the factor nearest our projected average factor.

### 4.6.6 - CONSUMER ADJUSTED PREMIUM RATE DEVELOPMENT:

**Small Group Plan Premium Rates –** Our index rates for 2Q, 3Q & 4Q are developed identically to 1Q with the exception of applying additional trend months. The plan level index rates change on a quarterly basis due to this additional trend and changes in administrative load factors only.

### 4.7 PLAN PRODUCT INFORMATION:

**4.7.1 - HHS ACTUARIAL METAL VALUES (AV)**: The majority of our 2018 plans include varying cost-share levels for some services that depend on the setting in which care is delivered. The federal AV calculator was used to compute two separate AVs for each impacted plan – one which applied the higher level of cost-share, and one which applied the lower. The results were blended assuming 81% of

the designated services are rendered in higher cost-share setting and the remaining 19% at the lower, consistent with 2016 experience for our small group and Individual markets. Plans without these features used the AV calculator without modification.

Printouts for each plan are provided in the "Actuarial Memorandum and Certifications" section of the Supporting Documentation tab of the SERFF filing, and also as part of the QHP binder submission under separate cover.

- **4.7.2 AV PRICING VALUES**: The breakdown of the AV Pricing values is shown on Exhibit 11 of the Memorandum.
- **4.7.3 MEMBERSHIP PROJECTIONS**: The distribution of projected enrollment is based on actual enrollment by plan as of 2/28/17. Total projected enrollment is consistent with our corporate plan.
- **4.7.4 TERMINATED PLANS AND PRODUCTS**: See the exhibit Appendix HIOS ID Mappings in the Memorandum.
- 4.7.5 PLAN TYPE: PPO.
- **4.7.6 WARNING ALERTS**: Several warning alerts are triggered through Section III on Worksheet 2. This is because Worksheet 1 is based on the combined Individual/Small Group experience per the DC HBX Carrier Manual, while Worksheet 2 includes only the Individual plans. Therefore, because of Small Group being included at the pool level but not on the plan level, there is a much larger difference than the 10% which triggers a warning alert.

There are also 3 alerts that have been triggered in Section IV. These are due to the new language of the Unified Rate Review Instructions, page 45 (excerpt below):

The Total Allowed Claims (TAC) across all benefit plans for the Experience Period should be consistent with the Allowed Claims entered in Section I of Worksheet 1, except it should be net of Risk Adjustment transfers. Claims should be increased for any Risk Adjustment receivables and decreased by the amount of payments made into the Risk Adjustment programs. Risk Adjustment user fees should not be included here.

The inclusion of Risk Adjustment into Total Allowed Claims is causing the warning alerts to be activated, as that makes the cells inconsistent with Worksheet 1.

#### 4.8. MISCELLANEOUS INSTRUCTIONS:

- **4.8.1 Effective Rate Review Information:** We have nothing additional to provide.
- 4.8.2 Reliance: Not Applicable.
- 4.8.3 Actuarial Certification: Included in the Memorandum.

# DC GHMSI Small Group & Indvidual Combined (Small Group) Exhibit 1 - Market Adjusted Index Rate Summary

			2018		2017	% Change
(1)	Daga Dagiad Tatal Allaward	<u> </u>	F42 24	¢	460.73	15 70/
(1)	Base Period Total Allowed	\$	_	\$	468.72	15.7%
(2)	Base Period Non-EHB PMPM	\$	2.84	\$	2.09	35.7%
(3)	Experience Period Index Rate	\$	539.40	\$	466.63	15.6%
(4)	Change in Morbidity		0.971		1.024	-5.1%
(5)	Additional Population Adjustment		1.000		1.000	0.0%
(6)	Induced Demand		0.994		0.976	1.9%
(7)	Projection Period Utilization and Network Adjustment		1.000		1.000	0.0%
(7)	Projection Period Othization and Network Adjustment		1.000		1.000	0.076
(8)	Demographic Adjustment		0.999		1.013	-1.4%
(9)	Area Adjustment		1.000		1.000	0.0%
(10)	Additional "Other" Adjustments		0.982		0.986	-0.4%
(11)	Annualized Trend		8.3%		8.3%	
(12)	Months of Trend		24.0		24.0	
(13)	Unit cost & Utilization/1,000 Trend Factor		1.173		1.173	0.1%
(14)	Projection Period Index Rate	\$	599.44	\$	543.60	10.3%
(15)	Risk Adjustment Program		0.890		0.918	-3.1%
(16)	Federal Exchange User Fee		1.000		1.000	0.0%
(4.7)			<b>500.45</b>		4400.4-	6.004
(17)	Market Adjusted Index Rate	\$	533.43		\$499.17	6.9%
	Without Risk Adjustment	\$	599.44	\$	543.60	10.3%

#### 2018 DC Small Group GHMSI Plan Adjusted Index Rate Changes

		_			Į.	Market	Adjusted Inde	x Rate		Benefits			Network		Indu	ıced Utiliza	tion		Non-EHB			Admin		Ag	e Calibratio	n	To	otal Change	1
					Projected																								
			Metallic		Members -																								
Index HIOS Plan ID	Plan Name	Type	Tier	On/Off	12/2017	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change	2018	2017	Change
1 78079DC0220020	BluePreferred PPO Gold 1000	PPO	Gold	On	35,585	\$533.43	\$499.17	6.86%	0.828	0.802	3.24%	1.000	1.000	0.00%	0.991	0.985	0.62%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$536.70	\$461.83	16.21%
2 78079DC0220021	BluePreferred PPO Gold 500	PPO	Gold	On	26,012	\$533.43	\$499.17	6.86%	0.853	0.823	3.59%	1.000	1.000	0.00%	0.991	0.985	0.62%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$552.80	\$474.05	16.61%
3 78079DC0220022	BluePreferred PPO HSA/HRA Silver 1500	PPO	Silver	On	20,866	\$533.43	\$499.17	6.86%	0.744	0.696	6.92%	1.000	1.000	0.00%	0.903	0.896	0.79%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$439.46	\$366.34	19.96%
4 78079DC0220023	BluePreferred PPO HSA/HRA Silver 2000	PPO	Silver	On	18,294	\$533.43	\$499.17	6.86%	0.718	0.671	7.11%	1.000	1.000	0.00%	0.903	0.896	0.79%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$424.60	\$353.31	20.18%
5 78079DC0220024	BluePreferred PPO Platinum 0	PPO	Platinum	On	113,775	\$533.43	\$499.17	6.86%	0.943	0.930	1.40%	1.000	1.000	0.00%	1.055	1.049	0.63%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$650.87	\$573.04	13.58%
6 78079DC0220025	BluePreferred PPO Platinum 500	PPO	Platinum	On	44,793	\$533.43	\$499.17	6.86%	0.898	0.882	1.78%	1.000	1.000	0.00%	1.055	1.049	0.63%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$619.58	\$543.44	14.01%
7 78079DC0220026	BluePreferred PPO Silver 1000	PPO	Silver	On	413	\$533.43	\$499.17	6.86%	0.752	0.711	5.74%	1.000	1.000	0.00%	0.946	0.939	0.69%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$465.42	\$392.72	18.51%
8 78079DC0220027	HealthyBlue PPO Gold 1500	PPO	Gold	On	2,079	\$533.43	\$499.17	6.86%	0.843	0.825	2.21%	1.000	1.000	0.00%	0.991	0.985	0.62%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$546.51	\$477.36	14.49%
9 78079DC0220028	HealthyBlue PPO HSA/HRA Silver 2000	PPO	Silver	On	240	\$533.43	\$499.17	6.86%	0.734	0.690	6.49%	1.000	1.000	0.00%	0.903	0.896	0.79%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$433.95	\$363.20	19.48%
10 78079DC0220029	HealthyBlue PPO Platinum 1000	PPO	Platinum	On	109	\$533.43	\$499.17	6.86%	0.889	0.872	1.99%	1.000	1.000	0.00%	1.055	1.049	0.63%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$613.68	\$537.17	14.24%
11 78079DC0220030	HealthyBlue PPO Platinum 500	PPO	Platinum	On	307	\$533.43	\$499.17	6.86%	0.906	0.907	-0.07%	1.000	1.000	0.00%	1.055	1.049	0.63%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$625.76	\$559.03	11.94%
12 78079DC0220031	BluePreferred PPO Gold 1500	PPO	Gold	On	1,451	\$533.43	\$499.17	6.86%	0.812	0.789	2.94%	1.000	1.000	0.00%	0.991	0.985	0.62%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$526.64	\$456.78	15.29%
13 78079DC0220032	BluePreferred PPO 1000 90%/70%	PPO	Gold	On	344	\$533.43	\$499.17	6.86%	0.780	0.762	2.37%	1.000	1.000	0.00%	0.991	0.985	0.62%	1.000	1.000	0.00%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$503.05	\$439.11	14.56%
14 78079DC0220033	BluePreferred PPO HSA/HRA 2000 80%/60%	PPO	Silver	On	65	\$533.43	\$499.17	6.86%	0.682	0.648	5.22%	1.000	1.000	0.00%	0.903	0.896	0.79%	1.000	1.000	0.00%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$401.03	\$340.02	17.94%
15 78079DC0220034	BluePreferred PPO Silver 1500 BlueFund HSA	PPO	Silver	On	24	\$533.43	\$499.17	6.86%	0.744	0.696	6.90%	1.000	1.000	0.00%	0.903	0.896	0.79%	1.005	1.004	0.09%	1.307	1.263	3.53%	0.933	0.929	0.52%	\$439.88	\$366.76	19.94%

# **Key Drivers**

- 1.) Increases in allowed cost, assumed annual trend of 8.3%
- 2.) Reintroduction of the Health Insurer Fee in 2018.
- 3.) Deterioration in the base period experience.

CareFirst BlueCross BlueShield

840 First Street, NE Washington, DC 20065 www.carefirst.com

May 1, 2017

Mr. Efren Tanhehco Supervisory Health Actuary Department of Insurance, Securities and Banking



Re: Group Hospitalization and Medical Services, Inc. Individual, Non-Medigap Rate Filing Cover Letter

Mr. Tanhehco,

In accordance with DISB requirements this letter has been submitted as cover for our 2018 ACA plan rate filing submitted 5/1/2017. Please note the required information below:

a. Company Name: Group Hospitalization and Medical Services, Inc. (GHMSI)

b. NAIC Company Code: 53007

c. Unique Company Filing Number: 2169

d. Date Submitted: 5/1/2017

e. Proposed Effective Date: 1/1/2018
f. Type of Product: PPO – On Exchange
g. Individual or Group: Small Group

h. **Scope and Purpose of Filing:** This filing has been submitted to propose the rate actions listed below in section k for all non-grandfathered ACA compliant plans offered by GHMSI.

 Indication Whether Initial Filing or Change: This filing proposes a change to existing rates (from our previous SERFF Filing #CFAP-130548294).

j. **Indication if no DC Policyholders:** This filing proposes rate actions to our plans sold in DC. DC policyholders of GHMSI ACA plans will be impacted.

k. **Overall Premium Impact of Filing on DC Policyholders:** Proposed average rate increase for 2018 is 15.3%.

I. Contact Information:

a. Name: Dwayne Lucado, FSA, MAAAb. Telephone Number: 410-998-7519c. Email: <a href="mailto:dwayne.lucado@Carefirst.com">dwayne.lucado@Carefirst.com</a>

d. Fax: 410-505-2192

For further detail and support for the rate actions proposed above please reference the Actuarial Memorandum submitted on 5/1/2017.

Sincerely,

Dwayne Lucado
Digitally signed by Dwayne
Lucado
Date: 2017.05.01 14:27:06 -04'00'

Dwayne Lucado, FSA, MAAA Assistant Actuary

	А В С	D	E	F	G	н	I J	K	L	М	N O	Р	Q	R	S	Т	U V	Х	Y
1	Unified Rate R	eview v4.1																	
2				ı															
3	Company Lega		GHMSI, Inc.			DC													
5	HIOS Issuer ID:	of Rate Change(s):	78079		Market:	Small Group													
6	Effective Date	of Rate Change(s).	1/1/2016																
7																			
8	Market Level Calcu	llations (Same for all Pla	ans)																
10																			
11 12	Section I: Experient Experience Period		1/1/2016	to	12/31/2016														
	Experience remou	•	1, 1, 2010	Experience Period	12, 31, 2010														
13				Aggregate Amount	PMPM	% of Prem													
14 15	Premiums (net of I Incurred Claims in	MLR Rebate) in Experier Experience Period	nce Period:	\$231,954,252 \$215,457,804	\$514.89 478.27	100.00% 92.89%													
16	Allowed Claims:	Experience remou		\$244,272,998	542.24	105.31%													
17 18	Index Rate of Expe			450 400	\$ 539.40														
19	Experience Period	Member Months		450,492															
19 20	Section II: Allowed	Claims, PMPM basis																	
21				Experienc	e Period			ection Period: Experience to			12/31/2018	B 1	Mid-point to Mi	d-point, Experie	nce to Projection:	24	months	<u>-</u>	
22				on Actual Exper	ience Allowed			on Period		tors	Projections,	before credibility	Adjustment		Credibility Manual	<u> </u>			
			Utilization	Utilization per	Average		Pop'l risk				Utilization per			Utilization	Average				
23	Benefit Cate Inpatient Ho	• .	Description Admits	<b>1,000</b> 66.81	\$17,766.63	PMPM \$98.91	Morbidity 0.971	Other 0.993	1.030	Util 1.050	<b>1,000</b> 71.55	Cost/Service \$18,718.22	PMPM \$111.60	per 1,000 0.00	Cost/Service \$0.00	PMPM \$0.00			
25	Outpatient H		Visits	997.55	\$1,369.35	113.83	0.971	0.993	1.020	1.060	1,088.76	1,414.82		0.00	\$0.00	0.00			
26	Professional		Visits	11,364.27	\$177.54	168.13	0.971	0.993	1.040	1.040	11,939.70				\$0.00	0.00			
27	Other Medic Capitation	al	Services Benefit Period	1,567.70 1,000.00	\$251.22 \$12.52	32.82 1.04	0.971 1.000	0.993 0.904	1.040 1.000	1.000 1.000	1,522.82 1,000.00				\$0.00 \$0.00	0.00			
29	Prescription	Drug	Prescriptions	9,852.80	\$155.28	127.50	0.971	0.919	1.100	1.000	9,570.73			0.00	\$0.00	0.00			
30	Total					\$542.24							\$602.60			\$0.00			
31	Section III: Project	ad Evnarianca:				Projected Allowed	Claims DMDM (	u/applied cree	dibility if ann	licable)			100.00%			0.00%	After Credibility \$602.60	Projected Period	d Totals 496,178
33	Section III. Project	ed experience.				Projected Allowed		ved Average Fa					100.00%			0.00%	0.877	\$192,	190,176
34								curred Claims,		rein & Risk Ac	j't, PMPM						\$528.69		884,908
35								sk Adjustment									59.40	_	973,831
37								A reinsurance			overies, net of rein p em, PMPM	orem, PIVIPIVI					\$469.29 0.00	\$149,	911,077 0
24 25 26 27 28 29 30 31 32 33 34 35 36 37 40 41 42 42 43 44 45 46 47 48						Projected Incurred	Claims										\$469.29	\$149,9	911,077
40						Administrative Exp	ense Load									13.16%	80.75		794,407
41						Profit & Risk Load										3.20%	19.64		273,189
42						Taxes & Fees Single Risk Pool Gr	oss Pramium Av	a Rate DMDN	4							7.17%	44.01 \$613.68		058,476 037,148
44						Index Rate for Proj		5. nate, i iii ii									\$613.56		137,210
45								ver Experience	e Period								19.19%		
46						Projected Member	% Increase, a r Months	innualizeo:									9.17%		319,443
48						•													
	_																		
49	Information	Not Releasable to the P disseminated.		rized by Law: This in ed to persons not au									ust not be						
50		disseminated,	, a.s.a.ibatea, or copi	ea to persons not au		are imormation	. G.Iddillolized	a.sciosure IIIa	, result in pir	oscention to t	can extent of the								

 Product-Plan Data Collection
 State:
 DC

 Company Lagor Name:
 684000, Inc.
 50.00:
 DC

 DOS Name (D: 1997)
 78979
 Market:
 Small Group Ellective Data of Ran Change(I):
 1/1/2018

Product/Plan Level Calculations																											
Section I: General Product and Plan Information																											
Product Product ID:	StuePreferre	d Multi-State Plan	ned HSA/HRA Mult									SilvePreferred	990										RiusPreferred PPC	) KSANRA		Health	Glue PPO Attribute I
Metal:	Gol Gol	d Silver	Silver	Platinum Gol	d Bronze	Gold	Platinum Go	ld Gold	Platinum	Silver Gold	Gold	Gold Sh	ver Silver	Platinum Platinu	s Silver	Gold Silv	er Platinum	Platinum	Gold Gol	Silver	Silver	Eronae	Gold Bn	onae Silv	er Silver	Gold	Platinum Platinum
AV Metal Value AV Sciving Value	0.816 0.010 Terminated PPO	0.720	0.709 0.1	83 0.799 00 0.010	0.619	0.818 0.010 Ferminated T PPO luePreferred PPC PPO \$1,000 Rx.S	0.890 0.807 0.010 0.010 erminated Terminated PPO PPO	0.792	0.894 0.75 0.000 0.00 Terminated Termin PPO PP	20 0.785 10 0.010 nated Terminated 0 990	0.806 1.078 Recewing PPO	0.804 0.711	0.695	Platinum Platinu 0.900 0.900 1.307 1.244 Renewine Renewine PPO PPO	0.719 0.915 Renewine PPO	0.812 0.699 1.098 0.872 Renewine Renewine PPO PPO	0.898 1.233 Renewine PPO	0.933 1.257 Renewine Re PPO	0.799	0.714	0.714	0.608	0.781 0.610	0.718	0.716	0.819	903 0.898 0.7 000 0.000 0.0 sinated Terminated Termi 90 990 99
AV Pricine Value Plan Category	Terminated	0.010 Terminated PPO	0.000 0.0 Terminated Terminated PPO PI	nated Terminated O PPO	0.010 Terminated T	Terminated T	erminated Terminated	0.010 Terminated PPO	Terminated Termin	nated Terminated	Renewine	1.110 0.883 Receiving Receiving PPO PPO	0.853 Renewine PPO	Renewing Renewing	Renewine	Renewlat Renewlat	Renewine	Renewing Re	.058 1.000 terwine Renewine PPO PPO	Recewice		Ferminated Te	0.010 0.010 erminated Terminate PPO PPO		Terminated PPO	Terminated Ten	010 0.010 0.0 ninated Terminated Termi 90 990 99
Plan Type:	FPO BlueShield	PPO BlueShield	PPO PI BlueShield		990	PPO builtreferred DDC	PPO PPO 100%/80%, BluePreferred	PFO	PPO PPO PPO PPO PPO 100%/80%, StuePre	0 PPO ferred Studinsferred	990	PPO PPO Studiostern	f Shafteferred	PPO PPO	990	PPO PPO	PPO N	PPO	.058 1.000 newine Renewine PPO PPO RheFered PPO 1000	0.805 Receiving PPO SituePreferred SituePreferred PPO HSA/HRA PPO	PPO ePreferred Sil	PPO uePreferred Blu	PPO PPO unDreferred Diseigneferr	PPO PPO USANIZA	PPO Shadrafarred	PPO	90 990 99
Plan Name	Preferred 1000,	a Preferred 2000, a	Preferred 2000, A BluePr	eferred BluePreferred	StuePreferred P	PO\$1,000 RxS	100N/90%, BluePreferred 30/545/565/ PPO \$1,000	SluePreferred	PO 100%/80%, BluePre Rx: PPO S		BluePreferred	BluePreferred PPO HSA/HR.	d SturFreferred A PPO HSA/HRA	luePreferred SluePreferred	BluePreferred H	Healthylike Pl raithylike PPO HSA/HRA Silve	r Healthyllue PPO He	ealthySlue PPO Slue	Preferred PPO 1000	PPO HSA/HRA PPO	Silver 1500 PF	PO HSA/HRA PPC	uePreferred SiluePreferr D HSA/NRA PPO HSA/N		SluePreferred PPO HSA/HRA		Glue PPO HealthyGlue PPO HealthyG
Plan ID (Standard Component ID):	Multi-State Pla 780790/C01700	Multi-State Plan	Multi-State Plan PPO 78079DC0190001 78079D	5500 PPO \$1,200 0220006 2802507022000	PPO \$4.500 1	100%/90% 1290C0220012 790	50% 80%/60% 290/0220013 780290/02200	990 \$2,000 \$1 NA 780790 C022000 \$ 70	0/20%/90%/50 \$300 0750C02200% 200750C	S40 \$20/\$30 0220018 28029070220018	PPO Gold 1000	990 Gold 500 Silver 1500 907300C0720021 780730C07230	Sher 2000	PO Platinum 0 PPO Platinum 5	5 20020000220026 20	Gold 1500 2000 0790 07750 0777 787790 07770	Platinum 9000   8	Platinum 500 PPO	Gold 1500 90%/70% 0C0220021 780220C022002	2000 80%/50% Shu	eFund HSA 50/0220034   280	\$4,000 790/17230003 7917	\$1.400 \$4.500 PROCESSANCE TRATEGORES	100%/80%	\$1,800 10 780790C0730011	\$1.500 79079000300004 79079	200 S600 HSA/HSA
	No.	No	No F	io No	No	No.	No No	No	No N	o No	Yes	Yes Yes	Yes	Yes Yes	Yes	Yes Yes	Yes	Yes	Yes Yes	Yes	Yes	No	No No	No	No	No.	No No N
Historical Rate Increase - Calendar Year - 2 Historical Rate Increase - Calendar Year - 1			0.00%									9.03% 6.24%											0.00% 0.00%				0.0
Historical Rate Increase - Calendar Year 0		1 66%	0.00%									-0.09%											0.00%				00% 0.00% 0.00%
Effective Date of Proposed Rates Rate Change 'N (over prior Filing)	1/1/2018	1/1/2008 0.00%		2018 1/1/2018 0.00% 0.00%	1/1/2018	1/1/2018 0.00%	1/1/2018 1/1/2018 0.00% 0.00	1/1/2008 % 0.00%	1/1/2018 1/1/2 0.00%	2018 1/1/2018	1/1/2018	1/1/2018 1/1/2018 16.61% 19.9	1/1/2019	1/1/2018 1/1/2018	1/1/2018	1/1/2018 1/1/2018	1/1/2018	1/1/2018 1	1/2019 1/1/2019	1/1/2018 1	1/1/2018	1/1/2018 1	1/1/2018 1/1/2011 0.00% 0. 0.00% 0.	8 1/1/2018	1/1/2008	1/1/2018 1/	/2018 1/1/2018 1/1/
Cum'tive Rate Change % (over 12 mos prior)	0.00 0.00 -100.00	6 0.00%	0.00% -300.00%	0.00% 0.00	0.00%	0.00%	0.00% 0.00	N 0.00N	0.00%	0.00% 0.00%	15.78%	15.87% 17.8	PN 18.08%	11.44% 11.81	16.20%	14.07% 17.1	n 14.24%	9.83%	13.96% 14.38	15.25%	18.12%	0.00%	0.00% 0.	00% 0.00	% 0.00% % 0.00%	0.00%	0.00% 0.00% -100.00% -100.00%
Proi'd Per Rate Chanse % lover Exper. Periodi	-100.00	-100.00%	-200.00%	100.00% -100.007	-100.00%	-100.00%	-100.00% -100.00	% -100.00%	-200.00% -2	100.00%	18.72%	19.71% 20.6	7% 19.89%	14.48% 12.51	22.52%	14.64% 18.3	n 10.79%	12.63%	17.78% 10.395	93.27%	#DIV/DI	-100.00%	-100.00% -100.	-100.00	% -100.00%	-100.00%	-100.00% -100.00% -1
Product water increase to			0.00%									11,20%											0.00%				1 00
Section It: Components of Premium Increase (PMP																											
Plan ID (Standard Component ID):	Total 79079QC017000	1 79079DC0170002	78079000190001 7807900	0220006 780790C022000	78079000220011 7807	79000220012 7907	9000220013 780790002200	4 78079DC0220015 78	0790C0220016 780790C0	220018 78079000220019	78079000220020 75	9079QC0220021 79079QC02200	22 78079000220023 78	79000220024 780790002200	790760C0220026 79	1790C0220027 780790C02200	28 78079000220029 780	079000220030 78079	C0220031 78079DC022003	78079000220033 79079	ROC0220034 7800	290C0230003 78070	9000230008 79079000230	0009 790790002300	10 78079000230011	78079003300004 780790	C0000005 780790C0300006 780790C0
Inpatient Outpatient	\$3.64 \$0.0 \$0.00 \$0.0		\$0.00 \$0.00	S0.00 S0.0	S0.00 S0.00	S0.00	\$0.00 \$0.0 \$0.00 \$0.0	0 50.00 0 50.00	50.00 50.00	\$0.00 \$0.00 \$0.00 \$0.00	\$7.26 -\$0.74	\$8.13 \$9. \$0.03 \$4.	74 S9.50 02 S4.02	59.86 59: 50.12 50: 54.71 -51:	\$9.85 \$1.64	56.51 59. -51.85 54. -56.82 52.	99 S9.09	58.22 -51.49	\$8.04 \$5.8 \$0.30 \$1.8 \$1.47 \$6.4	\$8.60 \$3.24	\$0.00 \$0.00	\$0.00 \$0.00 \$0.00	50.00 S	2.00 50.0	0 S0.00	\$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00
Professional Prescription Drug	-\$1.68 \$0.6 \$6.68 \$0.0	50.00 50.00		\$0.00 \$0.0 \$0.00 \$0.0 \$0.00 \$0.0	\$0.00	50.00	\$0.00 \$0.0 \$0.00 \$0.0 \$0.00 \$0.0	50.00	\$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	-50.74 -55.06	\$0.03 \$4 \$4.04 \$2 \$15.09 \$16	81 S2.91	\$0.12 \$0.1 -\$4.72 -\$1: \$18.25 \$17.1	S 52.02 7 S16.49	-S1 85 S4 -S6 82 S2 S13.01 S15.	60 -54.69	-51.49 -56.99 \$16.00	-52.47 -56.4 \$14.78 \$11.8	\$3.24 \$1.68 \$14.38	\$0.00	\$0.00 \$0.00	\$0.00 S	20.00 50.0 20.00 50.0 20.00 50.0	00 50.00	\$2.00 \$2.00 \$2.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	-50.36 50.6	50.00	\$0.00	\$0.00 \$0.0	50.00	\$0.00	\$0.00	00 50.00	50.00	\$0.00	-51.06	515.09 516. -50.86 50	49 50.51	-51.01 -50.1	50.33	-S140 S0	99 -51.00	-51.45	-50.75 -51.3	50.31	\$0.00	\$0.00	50.00	0.00 50.0	00 S0.00	\$0.00	50.00 50.00
Capitation Administration	-50.05 50.0 -51.38 50.0	0 S0.00 0 S0.00	\$0.00 \$0.00	\$0.00 \$0.0 \$0.00 \$0.0		50.00	\$0.00 \$0.0 \$0.00 \$0.0	0 S0.00 0 S0.00	50.00 50.00	\$0.00 \$0.00 \$0.00 \$0.00		50.11 -50. 53.27 50.	05 -50.05	-50.14 -50.1 -53.86 -53.1	-50.06 50.27	-50.13 -50. -54.82 -50.	25 -50.13 77 -53.76	-50.15 -55.09	-50.11 -50.1 -52.91 -54.5		\$0.00 \$0.00	\$0.00 \$0.00		2.00 SQ	00 50.00	\$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Taxes & Fees	59.55 50.0	50.00	\$0.00	\$0.00 \$0.0	\$0.00	50.00	\$0.00 \$0.0	00 50,00	50.00	\$0.00 \$0.00 \$0.00 \$0.00	520.85	\$21.76 \$18.	52 517.92	\$26.21 \$25.0	\$19.55	\$20.96 \$18.		524.85 57.85	520.98 529.2	\$16.97	\$0.00	\$0.00 \$0.00		0.00 50.0	0 50.00	\$0.00 \$0.00 \$2.00	50.00 50.00 50.00 50.00
Risk & Profit Charge	\$3.06 \$0.0 \$10.00 \$0.0	50.00	50.00	50.00 50.0	50.00	50.00	50.00 50.0	50.00	50.00	\$0.00 \$0.00 \$0.00 \$0.00	\$6.62	56.95 56 641.66 559	34 55.95	50.30 50.00	56.45	56.59 56	99 57.82	\$7.85 \$41.36	\$6.72 \$6.0 \$63.50 \$38.6	93.60	\$0.00	\$0.00	50.00 5	0.00 504	50.00	\$0.00 \$0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
Member Cost Share increase	52.36 50.6	50.00	50.00	S0.00 S0.0	50.00	50.00	\$0.00 \$0.0	0 50 00	50.00	50.00 50.00	56.59	56.64 50	95 59.43	5125 S1	\$9.10	56.30 SS	22 53.70	93.91	56.51 S6.8	58.87	50.00	50.00	S0.00 S	200 501	0 5000	50.00	50.00 50.00
	. —			. –	-		. —				-	. —		. —									. —			-	
Average Current Rate PMFM	5581.66 50.6 319,443 0	50.00	50.00	\$0.00 \$0.0	\$0.00	50.00	50.00 50.0	50.00	\$0.00	\$0.00	\$541.08	\$555.40 \$427	05 S411.86	5668.00 5633	\$457.80	5556.47 5423	99 5626.19	5651.67	\$\$12.48 \$\$11.8	\$396.37	\$427.56	\$0.00	\$0.00 \$	20.00 50.0	50.00	50.00	\$0.00
Projected Member Months	219,443 0	0	0 0	0	0 0	0	0	0 0	0	0	35,585	26,012 20,8	66 18,294	113,775 44,7	6,300	20,401 3,6	1,428	4,028	13,574 3,37	986	6,365 0	0	0	0	0	0 0	0 0
ction III: Experience Period Information																											
Plan iD Standard Component IDS: Plan Adjusted Index Rate	Total 780790C017000 5536.22 5693.6	\$ \$405.91	780790C0090001 780790C 5373.55	\$561.49 \$464.0	780790C0220011 7807 3 5343.21	5471.74	S606.17 S652.2	14 78079DC0220015 78 11 5438.13	0790C0220016 780790C0 SS89.20	220018 780790C020019 5427.49 5481.08	780790C0220020 71 S487.58	90790C0220021 790790C02200 \$502.10 \$602	22 78079000220023 78	790-03230024 780790-032300 5629-90 5665	790790C0220026 79 S421.45	\$513.38 \$406.	28 790790C0220029 790 86 5609.56	0790C0220030 78079 6615 64	C0220031 78079DC022003 S489.09 S489.6	79079OC0220033 79079 SARS 01	S0 00 7903	5297.55	90C0230008 790790C0230 SAM0 22 530	9.60 S386.0	10 78079DC0230011	78079DC0300006 780790 S478.00	5581.33 5566.18
Member Months	378,847 3,45	149	535	43,657 10,66	1,425	9,472	93,129 1,23	14 5,275	638	2,045 2,026	32,096	25,919 7,6	38 7,420	43,848 16,1	1,791		90 406	\$615.64 1,775	11,052	0	0	183	20,612 1	UR18 9,21		5,351	3,366 1,431
Total Premium (TP)	5203.460.405 \$1.649.55	\$51,085	\$179,977 \$20	310 527 55 413 34	\$621,375	\$4,975,159	556.791.284 5599.15	52.318.700	5364,927 S	869.066 5937.889	\$35,444,935	57152425 534643	£2 52.674.704	\$27,176,777 \$9,837,2	5680 925	59.451.109 5423.9	23 5254.094	5963 155	5.401.472 9	SO.	50	\$50,460	59 734 537 5606	1100 53.717.03	5262.377	\$2,627,193	1 866 092 5743 287 5
SHB Percent of TP. (see instructions) state mandated benefits portion of TP that are	99.48% 99.48	99,48%	99.48%	99.48% 99.48	99.48%	99,48%	99,48% 99,48	N 93.48N	99.48%	99.48%	99,48%	99.48% 99.4	PN 99.48%	99.48% 99.48	99.48%	99,48% 99,4	nc 99,48%	99.48%	99,48% 99,485	99.48%	100.00%	99.48%	99,48% 99.	48% 99.48	N 99.48N	99.48%	99.48% 99.48%
state mandated benefits portion of TP that are other than EHB	0.000		0.000	0.000		0.000	0.000		0.000	0.000	0.000	0.000		0.000				0.000	0.000	0.000	0.000	0.000				0.000	0.000
	0.52% 0.52	0.52%	0.52%	0.52% 0.52	0.52%	0.52%	0.52% 0.52	N 0.52N	0.52%	0.52% 0.52%	0.52%	0.52% 0.5	2N 0.52N	0.52% 0.52	0.52%	0.52% 0.52	% 0.52%	0.52%	0.52% 0.52	0.52%	0.00%	0.52%	0.52% 0.	52% 0.52	S 0.52% 13 SS48.918	0.52%	0.52% 0.52%
Other benefits portion of TP Total Allowed Claims (TAC)	5206.744.089 51.257.23	\$40.433	567.816 520	GM-759 56.714.87	5795.901	55.892.472	\$50,365,831 \$338,17	18 52.514.869	\$284,364 \$1.	011-311 51.089.035	523.132.012	59.633.692 52.112.1	76 52.687.093	529.995.277 59.240.50	\$743.588	57.256.094 5509.1	12 563.270	\$1.432.527	6.511.652 9	50	50	-512.423	S8.301.377 S1.423	1534 55.415.00	12 5548,918	52.206.359	1.305.072 5363.132 5
EHB Percent of TAC (see instructional	99.42% 99.42	99.48%	99.48%	99.48% 99.48	99.48%	99.48%	99.48% 99.48	N 99.48N	99.48%	99.48% 99.48%	99,48%	99.48% 99.4	EN 99.4EN	99.48% 99.48	00.494	99.48% 99.4	N 99.48%	99.48%	99.48% 99.48	99.48%	100.00%	99.48%	00.40% 00		N 99.48%	99.48%	99.48% 99.48%
state mandated benefits portion of TAC that are other than EHB	0.00%																										
Other benefits portion of TAC Allowed Claims which are not the issuer's		0.000	0.000	0.000	0.000	0.000	0.000		0.000	0.000	0.000	0.000				0.000		0.000	0.000	0.000	0.000	0.000		000 000		0.000	
	0.52% 0.52	6 0.00% 6 0.52%	0.00%	0.00% 0.007 0.52% 0.527	0.00%	0.00%	0.00% 0.00 0.52% 0.52	% 0.00% % 0.52%		0.00% 0.00% 0.52% 0.52%	0.00%	0.00% 0.0 0.52% 0.5		0.00% 0.00 0.52% 0.53	0.00%	0.00% 0.00 0.52% 0.52	ns 0.00% ns 0.52%	0.00% 0.52%	0.00% 0.00% 0.52% 0.52%	0.00%	0.00%	0.00%	0.00% 0.	00% 0.00 52% 0.52	% 0.00%	0.00% 0.52%	0.00% 0.00% 0.52% 0.52%
obligation:	0.52% 0.52				0.00% 0.52% 0.52%				0.52%		0.00% 0.52% 05.388.232			0.00% 0.00	0.00%	0.00% 0.0 0.52% 0.5 5381.754 \$388.4		0.00% 0.52%		0.00% 0.52%			0.00% 0.		% 0.00%		
obligation: Portion of above payable by HHG's	0.52% 0.52 500411328 512015				0.00% 0.52% 5182,897				0.52%	0.52% 0.52%	0.00% 0.52% 55 388 237	0.52% 0.5		0.00% 0.00	0.00%	0.00% 0.0 0.52% 0.5 5380.754 5288.4		0.00% 0.52% 5235.634		0.00% 0.52% 50			0.00% 0.		% 0.00%		
obligation:  Portion of above payable by HHG's funds on behalf of insured person, Portion of above reveable by MHG.	0.52% 0.52 530.411.228 5120.15 50	0.52% 2 S14.816 50	0.52% \$1013 \$1 \$0		0.00% 0.52% 0.52% 0.53% 0.53%			S 0.52% 0 5195.048 50 50	0.52%	0.52% 0.52% 238.798 5109.721 50 50	0.00% 0.52% 55.388.237 50	0.52% 0.5 52 108 298 5194 3 50		0.00% 0.00	0.00% 0.52% 7 5225 346	0.00% 0.0 0.52% 0.5 5280.754 5288.4		0.00% 0.52% \$235.634 \$0		SO SO			0.00% 0.		% 0.00%		
obligation:  Portion of above payable by HHG's funds on behalf of insured person, Portion of above reveable by MHG.	0.52% 0.52 530411328 5120.15 50 0.00% 51323325 513236				0.00% 0.52% 0.52% 0.5282.897 0.00%				0.52%	0.52% 0.52%	0.00% 0.52% 55.388.237 50 0.00%	0.52% 0.5		0.00% 0.00	0.00%	0.00% 0.0 0.52% 0.5 5380.754 5288.4 50 0.00% 0.0 54.875.390 5230.7		0.00% 0.52% 5235.614 50 0.00%		0.00% 0.52% 50 50 80(V)01			0.00% 0.		% 0.00%		
obligation:  Portion of above payable by NHCS: funds on behalf of insured person, Portion of above payable by NHCS on behalf of insured person, as % Total incurred claims, payable with issuer funds.	0.52% 0.52 \$10.411.338 \$120.15 \$2 0.00% \$176.332.742 \$1.137.06	0.52% 2 S14.816 50	0.52% \$1013 \$1 \$0		0.00% 0.52% 0.52% 0.52% 0.00% 0.00% 0.00%			S 0.52% 0 5195.048 50 50	0.52%	0.52% 0.52% 238.798 5109.721 50 50	0.00% 0.5% 55.388.237 50 0.00% 537.343.775	0.52% 0.5 52 108 298 5194 3 50		0.00% 0.00	0.00% 0.52% 7 5225 346	0.00% 0.00 0.52% 0.52 5380.754 5288.4 50 0.00% 0.00 56.875.329 5222.7		0.00% 0.52% 5235.614 50 0.00% 51.196.912		SO SO			0.00% 0.		% 0.00%		52% 512% 527,001 -5127,899 - 50 50 0.00% 0.00% 1.267,970 5501,031 5
obligation:  Portion of above payable by HHG's funds on behalf of insured person, Portion of above reveable by MHG.	0.52% 0.52 530.411.228 5120.15 50 0.00% 5375.232.742 51.127.00 -5852.65.75 52.772.2	0.52% 2 S14.816 50	0.52% \$1013 \$1 \$0		0.00% 0.52% 0.52% 0.52% 0.00% 0.00% 0.00% 0.00% 0.00% 0.00%			S 0.52% 0 5195.048 50 50	0.52%	0.52% 0.52% 238.798 5109.721 50 50	0.00% 0.52% 55.388.237 50 0.00% 517.343.275 572.216.00	0.52% 0.5 52 108 298 5194 3 50		0.00% 0.00	0.00% 0.52% 7 5225 346	0.00% 0.00 0.52% 0.52 \$288.754 \$288.4 \$0 0.00% 0.00 \$68.875.370 \$220.7 \$68.437.50 \$2.240.		0.00% 0.52% 5235.634 50 0.00% 51396.912 -51395.915.91		SO SO			0.00% 0.		% 0.00%		
abligation:  Portion of above payable by HRC's funds on behalf of insured person, Portion of above payable by HRC's Portion of above payable by HRC's on behalf of insured person, as N Total incurred claims, payable with boser funds  Net Aret of Risk Net Aret of Risk Adj	\$10.411.228 \$120.15 \$2 0.00% \$176.132.742 \$1.137.00 \$176.132.742 \$1.137.00 \$172.472.20 \$1.377.00 \$172.472.20 \$1.377.00	2 514.816 50 0.00% 2 525.617 5 535.25 5 5335.25	0.52% \$1.013 \$1 \$0 0.00% \$66.807 \$3% \$41,2817.38 \$2.38	0.52% 0.52 344.104 5899.02 50 5 0.00% 0.00 500.655 55.825.34 8,228.25 -\$22,987.2 0.504.10 5251.111.8	5182,897 50 60 60,00% 7 5611,004 6 -53,161.25 9 510,465.10	0.52% 5634.597 50 0.00% 55.214.676 -\$21,312.00 5367.556.71 5	0.52% 0.52 \$4.622.886 -\$48.52 \$0 0.00% 0.00% \$45.772.845 \$186.62 \$200,540.25 -\$2,864.1 \$337.944.17 \$394.897.	5 052% 5195.048 50 5	0.52% 546.593 S 50 0.00% 5217.771 S 51,435.50 -54 542.157.11 S132	0.52% 0.52% 288.760 5109.721 50 50 0.00% 0.00% 777.514 5979.314 (601.25 54,558.50 866.87 56.841.56	\$5 388 237 \$0 0.00% \$17.343.775 \$72,216.00 \$1.782,257.94	0.52% 0.5 \$2.108.288 \$194.3 \$2.0 0.00% 0.0 \$7.575.294 \$1.917.8 \$38,067.75 \$17,185. \$1.418.850.021 \$601.288	0.52N 0.52N 45 \$1,076,234 50 \$0 0N 0.00N 21 \$1,600,760 50 -556,695,60 67 \$251,812,236	0.00% 0.00% 0.52 0.52 0.52 0.52 0.52 0.52 0.52 0.52	6 0.00% 0.52% 5225.346 0 50 0 0.00% 5519.241 0 56,009.75 0 56,709.75	\$280.754 \$288.4 \$0 0.00% 0.0 \$6.875.330 \$220.7 \$68,437.50 \$2,240 \$107.565.00 \$177.422	0.52% 12 -564.451 50 -50 0.00% 0.00% 0.127.720 0.00%	\$235634 \$0 0.00% \$1,196.912 -\$1,992.75 .\$196.561.54 \$	0.52% 0.52% 5883.557 9 50 9 0.00% #000/07 55.60.095 9 024,967.00 50.00 64.068.58 90.00	50 50 #0rv/01 50 50.00	50 50 50 80 N/OI 50 50.00	0.52% 520.294 50 0.00% 57.871 -5411.75 -542.35.51	0.00% 0. 0.52% 0. 5140.648 5789 50 0.00% 0. 58 160 779 5642 546,377.00 584,20	52% 0.52 1354 51.647.09 50 1 0.00% 0.00 0.1161 52.768.0 0.00 620,912.1 0.34 51.005.0681	0.00% 0.52% 0.52% 0.00% 0.52% 0.00% 0.00% 0.00% 0.00% 0.55 0.5170.657 0.55 0.514.987.09	0.52% -647.354 -50 0.00% -52.253.712 -512,032.75 -5245.323.06	50.52% 55.2% 537.101 -5177.892 - 50 50 50 0.00% 0.00% 0.00% 0.00% 1.507.870 550.00% 557.572.50 -52.218.78 -52.4178.01 4177.055 20 410
abligation: Portion of above pupilshe by 1905s Anuch on behild of two pupilshe by 1905s Anuch on behild of two pupilshe by 1905s Anuch on behild of two pupilshe by 1905s (oral record distance, pupilshe with houser funds) Nat Anuc of Richs Nat Anu	\$10.411.328 \$120.15 52 0.00% \$176.332.732 \$1.137.08 \$452.405.75 \$27.273.7 \$17.247.392.05 \$67.333.7 \$465.45 \$233.1	2 S14 816 2 S14 816 50 0 00% 2 S25 617 5 -\$25 525 -\$2 605 90	0.52% \$1013 \$1 \$0 0.00% \$26,803 \$2 \$13,907 \$3,90 \$13,907	0.52% 0.52 344.004 58902 50 5 0.00% 0.00 500.655 55825.84 8228.25 4520,907.2 0.504.10 523.1118	\$ \$182,897 \$ \$2 \$ 0,00% \$ \$681,004 \$ \$3,661,25 \$ \$10,665,19	0.52% \$634.597 \$9 0.00% \$5.218.876 \$21,312.00 \$247.558.71 \$	0.52% 0.52 \$4.622.886 -\$48.52 \$0 0.00% 0.00% \$45.772.845 \$186.62 \$200,540.25 -\$2,864.1 \$337.944.17 \$394.897.	5 0526 5 5195 0HB 5 50 5 50 5 50 5 52119 821 5 5212 82 5 5222 8	0.53%  56500	0.52% 0.52% 288.760 5109.721 50 50 0.00% 0.00% 777.514 5979.314 (601.25 54,558.50 866.87 56.841.56	\$5 388 237 \$0 0.00% \$17.343.775 \$72,216.00 \$1.782,257.94	0.52% 0.5 \$2.108.208 \$194.3 \$0 0.00% 0.0 \$7.537.204 \$1.97.8 \$48,007.75 \$1.71.8 \$1.418.85002 \$503.3 \$544.79 \$2.33	0.52% 0.52% 45 51.076.234 55 50 50 50 50 50 50 50 50 50 50 50 50	0.00% 0.00% 0.52%	0.00% 0.52% 0.52% 0.52% 0.00% 0.00% 0.00% 0.5580.241 0.0580.00.75 0.568.009.75	\$280.754 \$288.4 \$0 0.00% 0.00 \$4.875.329 \$220.7 \$46,437.50 \$2340. \$100.566.00 \$177.432 \$346.12 \$212	0.52% 12 -564.451 50 -50 0.00% 0.00% 0.127.720 0.00%	\$235634 \$0 0.00% \$1,196.912 -\$1,992.75 .\$196.561.54 \$	0.52% 0.52% 5883.557 9 50 9 0.00% #000/07 55.60.095 9 024,967.00 50.00 64.068.58 90.00	50 50 #0rv/01 50 50.00	50 50 50 80 N/OI 50 50.00	0.52% 520.224 50 0.00% 57.871 5411.75 542.05.53	0.00% 0. 0.52% 0. 5140.648 5791 52 0.00% 0. 58 163.772 5642 546.777.00 5440 5492.201.77 5591.24	52% 0.52 1354 \$1.647.01 60 0.00 0.00% 0.00 1461 \$3.768.01 0.50 \$20,912: 0.34 \$1,005.968.1	N 0.00N N 0.52N 18 5177.961 10 50 N 0.00N 15 5179.967 15 5134.987.09	0.52% 647.354 50 0.00% 52.253.712 -512.032.75 -520.211.00	50.52% 55.2% 537.101 -5177.892 - 50 50 50 0.00% 0.00% 0.00% 0.00% 1.507.870 550.00% 557.572.50 -52.218.78 -52.4178.01 4177.055 20 410
abligation:  Portion of above payable by 190% funds on behalf of insured person, Portion of above payable 1906 Portion of above payable by 1906 Portion of above payable by 1906 Total insured cabove, payable with source funds Not Area of their Not Area of Skin N	\$10.411.228 \$120.15 \$2 0.00% \$176.132.742 \$1.137.00 \$176.132.742 \$1.137.00 \$172.472.20 \$1.377.00 \$172.472.20 \$1.377.00	2 S14 816 2 S14 816 50 0 00% 2 S25 617 5 -\$25 525 -\$2 605 90	0.52% \$1.013 \$1 \$0 0.00% \$26.003 \$36 \$42.007 \$2.30 \$13.00.75 \$2.30 \$13.00.75 \$2.30	0.52% 0.52 344.104 5899.02 50 5 0.00% 0.00 500.655 55.825.34 8,228.25 -\$22,987.2 0.504.10 5251.111.8	\$ \$182,897 \$ \$2 \$ 0,00% \$ \$681,004 \$ \$3,661,25 \$ \$10,665,19	0.52% 5634.597 50 0.00% 55.214.676 -\$21,312.00 5367.556.71 5	0.52% 0.52 \$4.632,886 -548.53 \$20 0.00% 0.00% \$40.732,945 5386.65 \$500,500.35 -5286.63 \$117,948.17 -5284.807 \$491.07 \$202.5	5 0526 5 5195 0HB 5 50 5 50 5 50 5 52119 821 5 5212 82 5 5222 8	0.53%  56500	0.52% 0.52% 0.52% 0.52% 0.52% 0.52% 0.52% 0.52% 0.52% 0.00% 0.00% 0.00% 777.514 5979.314 1,001.25 54,558.50 1856.87 56.881.56	\$5 388 237 \$0 0.00% \$17.343.775 \$72,216.00 \$1.782,257.94	0.52% 0.5 \$2.108.288 \$194.3 \$2.0 0.00% 0.0 \$7.575.294 \$1.917.8 \$38,067.75 \$17,185. \$1.418.850.021 \$601.288	0.52% 0.52% 45 51.076.234 55 50 50 50 50 50 50 50 50 50 50 50 50	0.00% 0.00% 0.52%	0.00% 0.52% 0.52% 0.52% 0.00% 0.00% 0.00% 0.5580.241 0.0580.00.75 0.568.009.75	\$280.754 \$288.4 \$0 0.00% 0.0 \$6.875.330 \$220.7 \$68,437.50 \$2,240 \$107.565.00 \$177.422	5 0.52% 12 -564.651 50 90 50 00 50 5127.720 50 -575.006.64	\$235634 \$0 0.00% \$1,196.912 -\$1,992.75 .\$196.561.54 \$		50 50 #0rv/01 50 50.00	50 50 50 80 N/OI 50 50.00	0.52% 520.294 50 0.00% 57.871 -5411.75 -542.35.51	0.00% 0. 0.52% 0. 5140.648 5791 52 0.00% 0. 58 163.772 5642 546.777.00 5440 5492.201.77 5591.24	52% 0.52 1354 51.647.09 50 1 0.00% 0.00 0.1161 52.768.0 0.00 620,912.1 0.34 51.005.0681	N 0.00N N 0.52N 18 5177.961 10 50 N 0.00N 15 5179.967 15 5134.987.09	0.52% 647.354 50 0.00% 52.253.712 -512.032.75 -520.211.00	50 50 50 50 50 50 50 50 50 50 50 50 50 5
Adjuston  Version of Success peptides by MOTION  Fortise of above peptides with source funds  Total motion of MOTION  Fortise of above funds  Fortise of MOTION  FORTISE of AMPORE  FORTISE O	\$10.411.228 \$120.15  \$2  0.00% \$175.122.252 \$1.172.05  \$17.20.2552 \$5.172.05  \$17.20.255 \$5.272.25  \$17.20.255 \$1.20.25  \$17.20.255 \$1.20.25  \$17.20.255 \$1.20.25  \$17.20.255 \$1.20.25  \$17.20.255 \$1.20.25  \$17.20.255 \$1.20.25  \$17.20.255 \$1.20.25  \$17.20.255 \$1.20.25	2 S14 816 2 S14 816 50 0 00% 2 S25 617 5 -\$25 525 -\$2 605 90	0.52% \$1013 \$1 \$0 0.00% \$26,803 \$2 \$13,907 \$3,90 \$13,907	0.52% 0.52 344.004 58902 50 5 0.00% 0.00 500.655 55825.84 8228.25 4520,907.2 0.504.10 523.1118	\$ \$182,897 \$ \$2 \$ 0,00% \$ \$681,004 \$ \$3,661,25 \$ \$10,665,19	0.52% \$634.597 \$9 0.00% \$5.218.876 \$21,312.00 \$247.558.71 \$	0.52% 0.52 \$4.622.886 -\$48.52 \$0 0.00% 0.00% \$45.772.845 \$186.62 \$200,540.25 -\$2,864.1 \$337.944.17 \$394.897.	5 0526 5 5195 0HB 5 50 5 50 5 50 5 52119 821 5 5212 82 5 5222 8	0.53%  56500	0.52% 0.52% 288.760 5109.721 50 50 0.00% 0.00% 777.514 5979.314 (601.25 54,558.50 866.87 56.841.56	\$5 388 237 \$0 0.00% \$17.343.775 \$72,216.00 \$1.782,257.94	0.52% 0.5 \$2.108.208 \$194.3 \$0 0.00% 0.0 \$7.537.204 \$1.97.8 \$48,007.75 \$1.71.8 \$1.418.85002 \$503.3 \$544.79 \$2.33	0.52% 0.52% 45 51.076.234 55 50 50 50 50 50 50 50 50 50 50 50 50	0.00% 0.00% 0.52%	0.00% 0.52% 0.52% 0.52% 0.00% 0.00% 0.00% 0.5580.241 0.0580.00.75 0.568.009.75	\$280.754 \$288.4 \$0 0.00% 0.00 \$4.875.329 \$220.7 \$46,437.50 \$2340. \$100.566.00 \$177.432 \$346.12 \$212	0.52% 12 -564.451 50 -50 0.00% 0.00% 0.127.720 0.00%	\$235634 \$0 0.00% \$1,196.912 -\$1,992.75 .\$196.561.54 \$	0.52% 0.52% 5883.557 9 50 9 0.00% #000/07 55.60.095 9 024,967.00 50.00 64.068.58 90.00	50 50 #0rv/01 50 50.00	50 50 50 80 N/OI 50 50.00	0.52% 520.224 50 0.00% 57.871 5411.75 542.05.53	0.00% 0. 0.52% 0. 5140.648 5791 52 0.00% 0. 58 163.772 5642 546.777.00 5440 5492.201.77 5591.24	52% 0.52 1354 \$1.647.01 60 0.00 0.00% 0.00 1461 \$3.768.01 0.50 \$20,912: 0.34 \$1,005.968.1	N 0.00N N 0.52N 18 5177.961 10 50 N 0.00N 15 5179.967 15 5134.987.09	0.52% 647.354 50 0.00% 52.253.712 -512.032.75 -520.211.00	50.52% 55.2% 537.101 -5177.892 - 50 50 50 0.00% 0.00% 0.00% 0.00% 1.507.870 550.00% 557.572.50 -52.218.78 -52.4178.01 4177.055 20 410
Soligation Workshift of Mouse pupilities by MINTS Solidated by MINTS AND	GR411 328 512615 50 0.00% 0.00% 51374 32725 513747 322.65 512747 322.65 512747 322.65 512747 322.65 512747 322.65 512747 322.65 512747 322.65	2 S14 816 2 S14 816 50 0 00% 2 S25 617 5 -\$25 525 -\$2 605 90	0.52% \$1013 \$1 \$0 0.00% \$26,803 \$2 \$13,907 \$3,90 \$13,907	0.52% 0.52 344.004 58902 50 5 0.00% 0.00 500.655 55825.84 8228.25 4520,907.2 0.504.10 523.1118	\$182,897 \$2 \$0,00% \$10,00% \$10,00% \$10,00% \$10,00% \$10,00% \$10,00% \$10,00%	0.52% \$634.597 \$9 0.00% \$5.218.876 \$21,312.00 \$247.558.71 \$	0.52% 0.52 \$4.622.886 -\$48.52 \$0 0.00% 0.00% \$45.772.845 \$186.62 \$200,540.25 -\$2,864.1 \$337.944.17 \$394.897.	5 0526 5 5195 0HB 5 50 5 50 5 50 5 52119 821 5 5212 82 5 5222 8	0.53%  56500	0.52% 0.52% 288.760 5109.721 50 50 0.00% 0.00% 777.514 5979.314 (601.25 54,558.50 866.87 56.841.56	\$5 388 237 \$0 0.00% \$17.343.775 \$72,216.00 \$1.782,257.94	0.52% 0.5 \$2.108.208 \$194.3 \$0 0.00% 0.0 \$7.537.204 \$1.97.8 \$48,007.75 \$1.71.8 \$1.418.85002 \$503.3 \$544.79 \$2.33	0.52% 0.52% 45 51.076.234 55 50 50 50 50 50 50 50 50 50 50 50 50	0.00% 0.00% 0.52%	0.00% 0.57% 5276.346 0.00% 5486.241 548.241 548.245 548.245 548.245 548.245 548.245 548.245 548.245 548.245	\$200,756 \$200.40 \$9 \$0 \$0.000x \$0.000x \$0.000 \$444,827.20 \$2,240 \$450,560.00 \$177,422 \$510,70 \$2,240 \$510,70 \$550.00 \$400,000 \$510,70 \$400,000	0.52% 12 -564.651 59 -59 50 -59 50 -59 5127.72% 50 -5912.50 56 -476.06.41 50 5155.02	\$235634 \$0 0.00% \$1,196.912 -\$1,992.75 .\$196.561.54 \$	0.52% 0.52% 5883.557 9 50 9 0.00% #000/07 55.60.095 9 024,967.00 50.00 64.068.58 90.00	50 50 #0rv/01 50 50.00	50 50 50 80 N/OI 50 50.00	0.52% 520.224 50 0.00% 57.871 5411.75 542.05.53	0.00% 0. 0.52% 0. 5140.648 5791 52 0.00% 0. 58 163.772 5642 546.777.00 5440 5492.201.77 5591.24	52% 0.52 1354 \$1.647.01 60 0.00 0.00% 0.00 1461 \$3.768.01 0.50 \$20,912: 0.34 \$1,005.968.1	N 0.00N N 0.52N 18 5177.961 10 50 N 0.00N 15 5179.967 15 5134.987.09	0.52% 647.354 50 0.00% 52.253.712 -512.032.75 -520.211.00	50.52% 55.2% 537.101 -5177.892 - 50 50 50 0.00% 0.00% 0.00% 0.00% 537.572.50 -52.218.72 -54.
Lidigation  Writing of driving peoples by 1997s.  Province of above peoples by 1997s.  Province of above peoples by 1997s.  Province of above peoples by 1997s.  Lidigation and Control of the 1997s.  Lidigation Control of Alles Addition.  Lidigation Control	\$120.00 \$120.0	2 S14 816 2 S14 816 50 0 00% 2 S25 617 5 -\$25 525 -\$2 605 90	0.52% \$1013 \$1 \$0 0.00% \$26,803 \$2 \$13,907 \$3,90 \$13,907	0.52% 0.52 344.004 58902 50 5 0.00% 0.00 500.655 55825.84 8228.25 4520,907.2 0.504.10 523.1118	\$182,897 \$2 \$0,00% \$10,00% \$10,00% \$10,00% \$10,00% \$10,00% \$10,00% \$10,00%	0.52% \$634.597 \$9 0.00% \$5.218.876 \$21,312.00 \$247.558.71 \$	0.52% 0.52 \$4.622.886 -\$48.52 \$0 0.00% 0.00% \$45.772.845 \$186.62 \$200,540.25 -\$2,864.1 \$337.944.17 \$394.897.	5 0526 5 5195 0HB 5 50 5 50 5 50 5 52119 821 5 5212 82 5 5222 8	0.53%  56500	0.52% 0.52% 288.760 5109.721 50 50 0.00% 0.00% 777.514 5979.314 (601.25 54,558.50 866.87 56.841.56	55.388.277 59 0.00% 517.361.775 572.216.00 53.362.267.01 572.071 5716.94	0.52% 0.5 \$1.100.298 5194.3 \$0.00% 0.00% 0.00 \$27.535.394 51.927.8 \$48.007.75 4517.88 \$1.418.850.00 550.3 \$20.40 57.5 \$20.40 57.	55 0.55 1.55 1.55 1.55 1.55 1.55 1.55 1.	0.00% 0.00%	0.00% 0.57% 5276.346 0.00% 5486.241 548.241 548.245 548.245 548.245 548.245 548.245 548.245 548.245 548.245	\$200,756 \$200.40 \$9 \$0 \$0.000x \$0.000x \$0.000 \$444,827.20 \$2,240 \$450,560.00 \$177,422 \$510,70 \$2,240 \$510,70 \$550.00 \$400,000 \$510,70 \$400,000	0.52% 12 -564.651 59 -59 50 -59 50 -59 5127.72% 50 -5912.50 56 -476.06.41 50 5155.02	\$215.654 \$6 0.00% \$1.166.912 \$1.966.913 \$1.966.915 \$4 \$607.06 \$802.64	0.52% 0.527 589.557 9 50 9 0.00% #000/00 55.630.005 9 23,867.00 50 0 52,867.00 50 0 55.630.005 \$0 55	50 50 800/05 50 50 00 50 00 50 00 900/05 900/0	0.00% 50 50 60 50,00 50,00 50,00 60,0	0.52% 520.224 50 0.00% 57.871 5411.75 542.05.53	0.00% 0. 0.52% 0. 5140.648 5791 52 0.00% 0. 58 163.772 5642 546.777.00 5440 5492.201.77 5591.24	52% 0.52 1354 \$1.647.01 60 0.00 0.00% 0.00 1461 \$3.768.01 0.50 \$20,912: 0.34 \$1,005.968.1	N 0.00N N 0.52N 18 5177.961 10 50 N 0.00N 15 5179.967 15 5134.987.09	0.52% 647.354 50 0.00% 52.253.712 -512.032.75 -520.211.00	50.52% 55.2% 537.101 -5177.892 - 50 50 50 0.00% 0.00% 0.00% 0.00% 537.572.50 -52.218.72 -54.
Soligation Workshift of Mouse pupilities by MINTS Solidated by MINTS AND	GR411 328 512615 50 0.00% 0.00% 51374 32725 513747 322.65 51247 322.65 51247 322.65 51247 322.65 51247 322.65 51247 322.65 51247 322.65 51247 322.65	2 S14 816 2 S14 816 50 0 00% 2 S25 617 5 -\$25 525 -\$2 605 90	0.52% \$1013 \$1 \$0 0.00% \$26,803 \$2 \$13,907 \$3,90 \$13,907	0.52% 0.52 344.004 58902 50 5 0.00% 0.00 500.655 55825.84 8228.25 4520,907.2 0.504.10 523.1118	\$182,897 \$2 \$0,00% \$10,00% \$10,00% \$10,00% \$10,00% \$10,00% \$10,00% \$10,00%	0.52% \$634.597 \$9 0.00% \$5.218.876 \$21,312.00 \$247.558.71 \$	0.52% 0.52 \$4.622.886 -\$48.52 \$0 0.00% 0.00% \$45.772.845 \$186.62 \$200,540.25 -\$2,864.1 \$337.944.17 \$394.897.	5 0526 5 5195 0HB 5 50 5 50 5 50 5 52119 821 5 5212 82 5 5222 8	0.53%  56500	0.52% 0.52% 288.760 5109.721 50 50 0.00% 0.00% 777.514 5979.314 (601.25 54,558.50 866.87 56.841.56	\$5 388 237 \$0 0.00% \$17.343.775 \$72,216.00 \$1.782,257.94	0.52% 0.5 \$2.108.208 \$194.3 \$0 0.00% 0.0 \$7.537.204 \$1.97.8 \$48,007.75 \$1.71.8 \$1.418.85002 \$503.3 \$544.79 \$2.33	20 C C C C C C C C C C C C C C C C C C C	0.00% 0.00% 0.52%	0.00% 0.57% 5276.346 0.00% 5486.241 548.241 548.245 548.245 548.245 548.245 548.245 548.245 548.245 548.245	\$280.754 \$288.4 \$0 0.00% 0.00 \$4.875.329 \$220.7 \$46,437.50 \$2340. \$100.566.00 \$177.432 \$346.12 \$212	0.52% 12 -564.651 59 -59 50 -59 50 -59 5127.72% 50 -5912.50 56 -476.06.41 50 5155.02	\$215.654 \$6 0.00% \$1.166.912 \$1.966.913 \$1.966.915 \$4 \$607.06 \$802.64	0.52% 0.52% 5883.557 9 50 9 0.00% #000/07 55.60.095 9 024,967.00 50.00 64.068.58 90.00	50 50 800/05 50 50 00 50 00 50 00 900/05 900/0	50 50 50 80 N/OI 50 50.00	0.52% 520.224 50 0.00% 57.871 5411.75 542.05.53	0.00% 0. 0.52% 0. 5140.648 5791 52 0.00% 0. 58 163.772 5642 546.777.00 5440 5492.201.77 5591.24	52% 0.52 1354 \$1.647.01 60 0.00 0.00% 0.00 1461 \$3.768.01 0.50 \$20,912: 0.34 \$1,005.968.1	N 0.00N N 0.52N 18 5177.961 10 50 N 0.00N 15 5179.967 15 5134.987.09	0.52% 647.354 50 0.00% 52.253.712 -512.032.75 -520.211.00	50.52% 55.2% 537.101 -5177.892 - 50 50 50 0.00% 0.00% 0.00% 0.00% 537.572.50 -52.218.72 -54.
Linguistics  Three of these proposes is present  point on a bland of a lease propose is present  province of above proposes in present  Total communities and present in the communities in the  Total communities and proposes in the communities in the  Total communities and proposes in the communities in the  Note Americal Communities and Communities in the  Note Americal Communities in the Communities in the  State Communities in the Communities in the  Communities in the Communities in the Communities in the  Communities in the Communities in the Communities in the  Communities in the Communities in the Communities in the  Communities in the Communities in the Communities in the  Communities in the Communities in the Communities in the  Communities in the Communities in the Communities in the  Communities in the Communities in the Communities in the  Communities in the Communities in the Communities in the  Communities in the Communities in the Communities in the  Communities in the Communities in the Communities in the  Communities in the Communities in the Communities in the Communities in the  Communities in the Communities in the Communities in the  Communities in the Communities in the Communities in the  Communities in the Communities in the Communities in the  Communities in the Communities in the Communities in the  Communities in the Communities in the Communities in the Communities in the  Communities in the Communities in	\$120.00 \$120.0	2 S14 816 2 S14 816 50 0 00% 2 S25 617 5 -\$25 525 -\$2 605 90	0.52% \$1013 \$1 \$0 0.00% \$26,803 \$2 \$13,907 \$3,90 \$13,907	0.52% 0.52 344.004 58902 50 5 0.00% 0.00 500.655 55825.84 8228.25 4520,907.2 0.504.10 523.1118	\$182,897 \$2 \$0,00% \$10,00% \$10,00% \$10,00% \$10,00% \$10,00% \$10,00% \$10,00%	0.52% \$634.597 \$9 0.00% \$5.218.876 \$21,312.00 \$247.558.71 \$	0.52% 0.52 \$4.622.886 -\$48.52 \$0 0.00% 0.00% \$45.772.845 \$186.62 \$200,540.25 -\$2,864.1 \$337.944.17 \$394.897.	5 0526 5 5195 0HB 5 50 5 50 5 50 5 52119 821 5 5212 82 5 5222 8	0.53%  56500	0.52% 0.52% 288.760 5109.721 50 50 0.00% 0.00% 777.514 527.214 (601.25 54,558.50 866.87 56.841.56	55.388.277 59 0.00% 517.361.775 572.216.00 53.362.267.01 572.071 5716.94	0.57% 0.5 \$2.100.298 51843 52. 0.00% 0.00% 0.00% 0.00 \$5553.394 51872 \$480.67.29 545728 \$480.67.29 5251.398 \$566.79 5251.398 \$566.42 5275.	55 0.55 1.55 1.55 1.55 1.55 1.55 1.55 1.	0.00N 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00% 0.57% 5276.346 0.00% 5486.241 548.241 548.245 548.245 548.245 548.245 548.245 548.245 548.245 548.245	\$200,756 \$200.40 \$9 \$0 \$0.000x \$0.000x \$0.000 \$444,827.20 \$2,240 \$450,560 \$5177.822 \$510,70 \$550.00 \$5177.822 \$510,70 \$550.00 \$5107.822 \$510,70 \$550.00 \$5407.	0.52% 12 -564.651 59 -59 50 -59 50 -59 5127.72% 50 -5912.50 56 -476.06.41 50 5155.02	\$215.654 \$6 0.00% \$1.166.912 \$1.966.913 \$1.966.915 \$4 \$607.06 \$802.64	0.52% 0.527 589.557 9 50 9 0.00% #000/00 55.630.005 9 23,867.00 50 0 52,867.00 50 0 55.630.005 \$0 55	50 50 800/05 50 50 00 50 00 50 00 900/05 900/0	0.00% 50 50 60 50,00 50,00 50,00 60,0	0.52% 520.224 50 0.00% 57.871 5411.75 542.05.53	0.00% 0. 0.52% 0. 5140.648 5791 52 0.00% 0. 58 163.772 5642 546.777.00 5440 5492.201.77 5591.24	52% 0.52 1354 \$1.647.01 60 0.00 0.00% 0.00 1461 \$3.768.01 0.50 \$20,912: 0.34 \$1,005.968.1	N 0.00N N 0.52N 18 5177.961 10 50 N 0.00N 15 5179.967 15 5134.987.09	0.52% 647.354 50 0.00% 52.253.712 -512.032.75 -520.211.00	50.52% 55.2% 537.101 -5177.892 - 50 50 50 0.00% 0.00% 0.00% 0.00% 537.572.50 -52.218.72 -54.
Indigitation  From the Conference of these angular to years'  Indigitation to the Conference of the Co	\$120.00 \$120.0	2 S14 816 2 S14 816 50 0 00% 2 S25 617 5 -\$25 525 -\$2 605 90	0.52% \$1013 \$1 \$0 0.00% \$26,803 \$2 \$13,907 \$3,90 \$13,907	0.52% 0.52 344.004 58902 50 5 0.00% 0.00 500.655 55825.84 8228.25 4520,907.2 0.504.10 523.1118	\$182,897 \$2 \$0,00% \$10,00% \$10,00% \$10,00% \$10,00% \$10,00% \$10,00% \$10,00%	0.52% \$634.597 \$9 0.00% \$5.218.876 \$21,312.00 \$247.558.71 \$	0.52% 0.52 \$4.622.886 -\$48.52 \$0 0.00% 0.00% \$45.772.845 \$186.62 \$200,540.25 -\$2,864.1 \$337.944.17 \$394.897.	5 0526 5 5195 0HB 5 50 5 50 5 50 5 52119 821 5 5212 82 5 5222 8	0.53%  56500	0.52% 0.52% 288.760 5109.721 50 50 0.00% 0.00% 777.514 527.214 (601.25 54,558.50 866.87 56.841.56	55.388.277 59 0.00% 517.361.775 572.216.00 53.362.267.01 572.071 5716.94	0.57% 0.5 \$2.100.298 51843 52. 0.00% 0.00% 0.00% 0.00 \$5553.394 51872 \$480.67.29 545728 \$480.67.29 5251.398 \$566.79 5251.398 \$566.42 5275.	55 0.55 1.55 1.55 1.55 1.55 1.55 1.55 1.	0.00N 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00% 0.57% 5276.346 0.00% 5486.241 548.241 548.245 548.245 548.245 548.245 548.245 548.245 548.245 548.245	\$200,756 \$200.40 \$9 \$0 \$0.000x \$0.000x \$0.000 \$444,827.20 \$2,240 \$450,560 \$5177.822 \$510,70 \$550.00 \$5177.822 \$510,70 \$550.00 \$5107.822 \$510,70 \$550.00 \$5407.	0.52% 12 -564.651 59 -59 50 -59 50 -59 5127.72% 50 -5912.50 56 -476.06.41 50 5155.02	\$215.654 \$6 0.00% \$1.166.912 \$1.966.913 \$1.966.915 \$4 \$607.06 \$802.64	0.52% 0.527 589.557 9 50 9 0.00% #000/00 55.630.005 9 23,867.00 50 0 52,867.00 50 0 55.630.005 \$0 24,867.00 \$0 55.630.005 \$0 55.	50 50 800/05 50 50 00 50 00 50 00 900/05 900/0	0.00% 50 50 60 50,00 50,00 50,00 60,0	0.52% 520.224 50 0.00% 57.871 5411.75 542.05.53	0.00% 0. 0.52% 0. 5140.648 5791 52 0.00% 0. 58 163.772 5642 546.777.00 5440 5492.201.77 5591.24	52% 0.52 1354 \$1.647.01 60 0.00 0.00% 0.00 1461 \$3.768.01 0.50 \$20,912: 0.34 \$1,005.968.1	N 0.00N N 0.52N 18 5177.961 10 50 N 0.00N 15 5179.967 15 5134.987.09	0.52% 647.354 50 0.00% 52.253.712 -512.032.75 -520.211.00	50.52% 55.2% 537.101 -5177.892 - 50 50 50 0.00% 0.00% 0.00% 0.00% 537.572.50 -52.218.72 -54.
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chippine.  The control of these angular is with a control of the c	\$120.15 \$120.1	2 S14 816 2 S14 816 50 0 00% 2 S25 617 5 -\$25 525 -\$2 605 90	0.52% \$1013 \$1 \$0 0.00% \$26,803 \$2 \$13,907 \$3,90 \$13,907	0.52% 0.52 344.004 58902 50 5 0.00% 0.00 500.655 55825.84 8228.25 4520,907.2 0.504.10 523.1118	\$182,897 \$2 \$0,00% \$10,00% \$10,00% \$10,00% \$10,00% \$10,00% \$10,00% \$10,00%	0.52% \$634.597 \$9 0.00% \$5.218.876 \$21,312.00 \$247.558.71 \$	0.52% 0.52 \$4.622.886 -\$48.52 \$0 0.00% 0.00% \$45.772.845 \$186.62 \$200,540.25 -\$2,864.1 \$337.944.17 \$394.897.	5 0526 5 5195.0HB 5 50 5 50 5 50 5 52119.821 5 5212.82 5 5222.82 5 5222.82 5 5222.82	0.53%  565001	0.52% 0.52% 288.760 5109.721 50 50 0.00% 0.00% 777.514 527.214 (601.25 54,558.50 866.87 56.841.56	55.388.277 59 0.00% 517.361.775 572.216.00 53.362.267.01 572.071 5716.94	0.57% 0.5 \$2.100.298 51843 52. 0.00% 0.00% 0.00% 0.00 \$5553.394 51872 \$480.67.29 545728 \$480.67.29 5251.398 \$566.79 5251.398 \$566.42 5275.	200 C	\$ 0.00\(\text{\text{\$0.000}}\) \$ \$ \$ 0.00\(\text{\$0.000}}\) \$ \$ 0.53\(\text{\$1.000}}\) \$ \$ \$ 0.53\(\text{\$1.000}}\) \$ \$ \$ 0.53\(\text{\$1.000}}\) \$ \$ \$ 0.53\(\text{\$1.000}}\) \$ \$ \$ 0.00\(\text{\$1.000}}\) \$	\$200 0.00% 0	186774 CM 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	N. 0.12% 122 -1564 813 123 -1564 813 124 -1564 813 125 -1564 813 125 -1564 813 127 -128 127 -128 128 -128 1	\$235.634 50 0.0094, \$1.186.912 \$1.186.912 \$1.186.912 \$1.186.912 \$247.20 \$247	0.275 0.275	50 50 50 50 50 50 50 50 50 50 50 50 50 5	0.00%   0.00%	0.52% 520.224 50 0.00% 57.871 5411.75 542.05.53	0.00% 0. 0.52% 0. 5140.648 5791 52 0.00% 0. 58 163.772 5642 546.777.00 5440 5492.201.77 5591.24	52% 0.52 1354 \$1.647.01 60 0.00 0.00% 0.00 1461 \$3.768.01 0.50 \$20,912: 0.34 \$1,005.968.1	N 0.00N N 0.52N 18 5177.961 10 50 N 0.00N 15 5179.967 15 -51.592.00 15 5344.97.06	0.52% 647.354 50 0.00% 52.253.712 -512.032.75 -520.211.00	50.52% 55.2% 537.101 -5177.892 - 50 50 50 0.00% 0.00% 0.00% 0.00% 537.572.50 -52.218.72 -54.
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#### DC GHMSI

#### Rate Filing Justification Part II (Plain Language Summary)

Pursuant to 45 CFR 154.215, health insurance issuers are required to file Rate Filing Justifications. Part II of the Rate Filing Justification for rate increases and new submissions must contain a written description that includes a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. The Part II template below must be filled out and uploaded as an Adobe PDF file under the Consumer Disclosure Form section of the Supporting Documentation tab.

Name of Company	Group Hospital	ization & Medical Services In	c.			
SERFF tracking number	CFAP-1310107	12				
Submission Date	5/1/2017					
Product Name	BluePreferred					
Market Type:	0	Individual	•	Small Group		
Rate Filing Type:	•	Rate Increase	0	New Filing		
Scope and Range of the Incre	ase:					
The	15.3	% increase is requested be	ecause	:		
This filing will impact: # of policyholder's	14,697	# of covered lives 26	5,013			
The average, minimum and m	naximum rate c	hanges increases are:				
Average Rate 0	Change: The av	erage premium change, by	percei	ntage, across all policy holders if the filing is approved	15.3	%
Minimum Rate would experience			or larg	est decrease), by percentage, that any one policy holder	11.9	%
	Ü	11	by per	centage, that any one policy holder would experience	20.2	%

Individuals within the group may vary from the aggregate of the above increase components as a result of:

Product selection, changes in age factors, and changes in family composition.

#### **Financial Experience of Product**

The overall financial experience of the product includes:

if the filing is approved

In 2016, a total of \$203.5 million in premium was collected and \$168.6 million in claims paid out. We received \$17.2 million in risk adjustment, for a loss ratio of 74.4%. However, the rate increase of the product is driven partially by the combined Individual and Small group experience, which collected \$231.9 in premium and paid out \$215.4 million in claims. We received \$26.9 million in risk adjustment, for a loss ratio of 81.3%.

The rate increase will affect the projected financial experience of the product by:

The proposed rate increases are aimed to bring the loss ratio for the combined Individual/small group pool up to a projected 82.7%.

### **Components of Increase**

The request is made up of the following components:

Trend Increases –	8.3 % of the	15.3 % total filed increase											
changes in the unit cost of un	1. Medical Utilization Changes – Defined as the increase in total plan claim costs not attributable to changes in the unit cost of underlying services, or renegotiation of provider contracts. Examples include changes in the mix of services utilized, or an increase/decrease in the frequency of service utilization.												
This component is	3.4 % of the	15.3 % total filed increase.											
_	Defined as the increase in total plan g services, or renegotiation of prov 4.8 % of the	on claim costs attributable to changes in ovider contracts.  15.3 % total filed increase.											

	Other Increases –	6.4 % of the	15.3 % total filed increase
1.	Medical Benefit Changes	Required by Law – Defined as any ne	ew mandated plan benefit changes, as mandated
	by either State or Federa	l Regulation.	
	This component is	0.0 % of the	15.3 % total filed increase.
2.	Medical Benefit Changes	Not Required by Law – Defined as ch	nanges in plan benefit design made by the
	company, which are not	required by either State or Federal R	Regulation.
	This component is	2.1 % of the	15.3 % total filed increase.
3.	Changes to Administratio	n Costs – Defined as increases in the	e costs of providing insurance coverage.
	Examples include claims	payment expenses, distribution cost	ts, taxes, and general business expenses such as rent, salaries,
	and overhead.		
	This component is	0.3 % of the	15.3 % total filed increase.
4.	Changes to Profit Margin	– Defined as increases to company s	surplus or changes as an additional margin to cover
	the risk of the company.		
	This component is	1.2 % of the	15.3 % total filed increase.
5.	Other – Defined as:		
En	d of federal reinsurance pro	ogram, and higher anticipated risk a	djustment payments.
	This component is	2.8 % of the	15.3 % total filed increase.

# RATE FILING REQUIREMENTS INDIVIDUAL AND SMALL GROUP PLANS SOLD ON DC HEALTH LINK CHECK-LIST

INSTRUCTIONS: Include all required elements in the table below with the filed rates. The data elements listed in the Actuarial Memorandum should be consistent with the cover letter, if applicable.

Number	Data Element	Requirement Description	Individual and Small	Group
			Has the Data Element Been Included?	Location of the Data Element
1	Purpose of Filing	State the purpose of the filing. Identify the applicable law. List the proposed changes to the base rates and rating factors, and provide a general summary.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
2	Form Numbers	Form numbers should be listed in the actuarial memorandum.	Yes	Appendix - Form Numbers
3	HIOS Product ID	The HIOS product ID should be listed in the actuarial	Yes	Exhibit 11 - Plan Adj SG_RA
4	Effective Date	The requested effective date of the rate change. For filings effective 1/1/2017 and later, follow filing due date requirements.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
5	Market	Indicate whether the products are sold in the individual or small employer group market.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
6	Status of Forms	Indicate whether the forms are open to new sales, closed, or a mixture of both, and whether the forms are grandfathered, non-grandfathered, or a mixture of both.	Yes	Appendix - Form Numbers
7	Benefits/Metal level(s)	Include a basic description of the benefits of the forms referenced in the filing and the metal level of each plan design.	Yes	Exhibit 11 - Plan Adj SG_RA

Number	Data Element	Requirement Description	Individual and Small	Group
			Has the Data Element Been Included?	Location of the Data Element
7.1	AV Value	Provide the actuarial value of each plan design using the AV calculator developed and made available by HHS.	Yes	See the PDF file "AV Screen Shots" in SERFF
8	Average Rate Increase Requested	The weighted average rate increase being requested, incremental and year-over-year renewal. The weights should be based on premium volume. In the small group market, please also provide weighted average rate increase requested for 2016Q1 over	Yes	Appendix - Rate Change_SG RA
9	Maximum Rate Increase Requested	The maximum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_SG RA
10	Minimum Rate Increase Requested	The minimum rate increase that could be applied to a policyholder based on changes to the base rate and rating factors, incremental and year-over-year renewal. (Does not include changes in the demographics of the covered members.)	Yes	Appendix - Rate Change_SG RA
11	Absolute Maximum Premium Increase	The absolute maximum year-over-year renewal rate increase that could be applied to a policyholder, including demographic changes such as aging.	Yes	Appendix - Max Renewal_SG RA
12	Average Renewal Rate Increase for a Year	Calculate the average renewal rate increase, weighted by written premium, for renewals in the year ending with the effective period of the rate filing. The calculation must be performed for each HIOS product ID.	Yes	Appendix - Rate Change_SG RA
13	Rate Change History	Rate change history of the forms referenced in the filing. If nationwide experience is used in developing the rates, provide separately the rate history for District of Columbia and the nationwide average rate history.	Yes	Appendix - Rate Change_SG RA
14	Exposure	Current number of policies, certificates and covered lives.	Yes	Appendix - Rate Change_SG RA

Number	Data Element	Requirement Description	Individual and Small	Group
			Has the Data Element Been Included?	Location of the Data Element
15	Member Months	Number of members in force during each month of the base experience period used in the rate development and in each of the two preceding twelve-month periods.	Yes	Appendix - Experience by Service Category
16	Past Experience	Provide monthly earned premium and incurred claims for the base experience period used in the rate development and each of the two preceding twelve-month periods.	Yes	Appendix - Experience by Service Category
17	Index Rate	Provide the index rate.	Yes	Exhibit 1 - Summary SG
17.1	Rate Development	Show base experience used to develop rates and all adjustments and assumptions applied to arrive at the requested rates. For less than fully credible blocks, disclose the source of the base experience data used in the rate development and discuss the appropriateness of the data for pricing the policies in the filing.	Yes	Appendix - Experience by Service Category
18	Credibility Assumption	If the experience of the policies included in the filing is not fully credible, state and provide support for the credibility formula used in the rate development.	No	Not applicable
19	Trend Assumption	Show trend assumptions by major types of service as defined by HHS in the Part I Preliminary Justification template, separately by unit cost, utilization, and in total. Provide the development of the trend assumptions.	Yes	Exhibit 8 - Trend
20	Cost-Sharing Changes	Disclose any changes in cost sharing for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for cost-sharing changes in the rate development. Provide support for the estimated cost impact of the cost-sharing changes.	No	Not applicable
21	Benefit Changes	Disclose any changes in covered benefits for the plans between the base experience period for rating and the requested effective date. Show how the experience has been adjusted for changes in covered benefits in the rate development. Provide support for the estimated cost impact of the benefit changes.	Yes	Exhibit 7 - Other Adjustments
Number	Data Element	Requirement Description	Individual and Small	Group
			Has the Data Element Been Included?	Location of the Data Element

22	Plan Relativities	For rate change filings, if the rate change is not uniform for all plan designs, provide support for all requested rate changes by plan design. Disclose the minimum, maximum, and average impact of the changes on policyholders.  For initial filings, provide the derivation of any new plan factors.	Yes	Appendix - Rate Change_SG RA
23	Rating Factors	Provide the age and other rating factors used. Disclose any changes to rating factors, and the minimum, maximum, and average impact on policyholders. Provide support for any changes.	Yes	Exhibit 14 - Age Slope
23.1	Wellness Programs	Describe any wellness programs (as defined in section 2705(j) of the PHS Act) included in this filing.	No	Not applicable
24	Distribution of Rate Increases	Anticipated distribution of rate increases due to changes in base rates, plan relativities, and rating factors. This need not include changes in demographics of the individual or group.	Yes	Appendix - Rate Change_SG RA
25	Claim Reserve Needs	Provide the claims for the base experience period separately for paid claims, and estimated incurred claims (including claim reserve). Indicate the incurred period used for the base period. Indicate the paid-through date of the paid claims, and provide a basic description of the reserving methodology for claims reserves and contract reserves, if any. Provide margins used, if any.	Yes	Appendix - Experience by Service Category
26	Administrative Costs of Programs that Improve Health Care Quality	Show the amount of administrative costs included with claims in the numerator of the MLR calculation . Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit 10A - SG RA and Exhibit 10B - Fed MLR RA

Number	Data Element	Requirement Description	Individual/and Small	Group
			Has the Data Element Been Included?	Location of the Data Element
27	Taxes and Licensing of Regulatory Fees	Show the amount of taxes, licenses, and fees subtracted from premium in the denominator of your medical loss ratio calculation(c). Show that the amount is consistent with the most recently filed Supplemental Health Care Exhibit or provide support for the difference.	Yes	Exhibit 10A - SG RA and Exhibit 10B - Fed MLR RA
28	Medical Loss Ratio (MLR)	Demonstrate that the projected loss ratio, including the requested rate change, meets the minimum MLR. Show the premium, claims, and adjustments separately with the development of the projected premium and projected claims (if not provided in the rate development section). If the loss ratio falls below the minimum for the subset of policy forms in the filing, show that when combined with all other policy forms in the market segment in District of Columbia, the loss ratio meets the minimum.	Yes	Exhibit 10A - SG RA and Exhibit 10B - Fed MLR RA
29	Risk Adjustment	Provide rate information relating to the Risk Adjustment program. Information should include assumed Risk Adjustment user fees, Risk Adjustment PMPM excluding user fees and assumed distribution of enrollment by risk score, plan, and geographical area. Provide support for the assumptions, including any demographic changes. Provide information/study on the development of risk scores and Risk Adjustment PMPM. Provide previous year-end estimated risk adjustment payable or receivable amount and quantitative support for the amount.	Yes	Exhibit 9 - Risk Adjustment IND

Number	Data Element	Requirement Description	Individual and Small	Group
			Has the Data Element Been Included?	Location of the Data Element
30	Past and Prospective Loss Experience Within and Outside the State	Indicate whether loss experience within or outside the state was used in the development of proposed rates. Provide an explanation for using loss experience within or outside the state.	Yes	Please see the "Actuarial Memo Cover Letter" PDF document in SERFF
31	A Reasonable Margin for Reserve Needs	Show the assumed Margin for Reserve Needs used in the development of proposed rates. Margin for Reserve Needs includes factors that reflect assumed contributions to the company's surplus or the assumed profit margin. Demonstrate how this assumption was derived, how the assumption has changed from prior filings, and provide support for changes. If the assumption for Qualified Health Plans exceeds 3% as assumed in the risk corridor formula, justify the excess in light of the	Yes	Exhibit10A - SG RA and Exhibit 10B - Fed MLR RA

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
32	Past and Prospective Expenses	Indicate the expense assumptions used in the development of proposed rates. Demonstrate how this assumption was derived. Show how this assumption has changed from prior filings, and provide support for any change.		
		Provide the assumed administrative costs in the following categories:  • Salaries, wages, employment taxes, and other employee benefits	Yes	Exhibit 10A - SG RA and Exhibit 10B - Fed MLR RA
		<ul> <li>Commissions</li> <li>Taxes, licenses, and other regulatory fees</li> <li>Cost containment programs / quality improvement activities</li> </ul>		
33	Any Other Relevant Factors Within and Outside the State	Show any other relevant factors that have been considered in the development of the proposed rates. Demonstrate how any related assumptions were derived. Show how these assumptions have changed from prior filings, and provide support for any change.	Yes	Actuarial Memorandum
34	Other	Any other information needed to support the requested rates or to comply with Actuarial Standard of Practice No. 8.	Yes	Actuarial Memorandum
35	Actuarial Certification	Signed and dated certification by a qualified actuary that the anticipated loss ratio meets the minimum requirement, the rates are reasonable in relation to benefits, the filing complies with the laws and regulations of the District of Columbia and all applicable Actuarial Standards of Practice, including ASOP No. 8, and that the rates are not unfairly discriminatory.	Yes	Actuarial Certification is included in the Actuarial Memorandum

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
36	Part I Preliminary Justification (Grandfathered Plan Filings)	Rate Summary Worksheet Provide this document with all Grandfathered plan filings. <b>Provide in Excel and PDF format.</b>	No	This is not a Grandfathered Filing, so a PRJ is not provided
36.1	Unified Rate Review Template (Non- Grandfathered Filings)	Unified Rate Review Template as specified in the proposed Federal Rate Review regulation. Provide this document with all Non-Grandfathered plan filings. <b>Provide in Excel and PDF format.</b>	Yes	See the URRT included as a separate document in SERFF
37	Part II Preliminary Justification	Written description justifying the rate increase as specified by 45 CFR § 154.215(f). Provide for <i>all</i> individual and small employer group filings (whether or not they are "subject to review" as defined by HHS).	Yes	See the Part II included as a separate document in SERFF
38	DISB Actuarial Memorandum Dataset	Summarizes data elements contained in Actuarial Memorandum. Provide this document with all Non- Grandfathered plan filings.  Provide in Excel format only.	Yes	See the Dataset included as a separate document in SERFF
39	District of Columbia Plain Language Summary	Similar to the Part II Preliminary Justification, this is a written description of the rate increase as specified by 45 CFR § 154.215, but as a simple and brief narrative describing the data and assumptions that were used to develop the proposed rates. Provide this document for all individual and small employer group filings.	Yes	See the Plain Language Summary included as a separate document in SERFF
40	Summary of Components for Requested Rate Change	DISB will require that issuers provide a chart listing a) any and all components of requested rate changes from the prior year; b) a quick summary/explanation of the change; and c) the actual percentage impact of the change for each component, such that the total for all components listed equals the total percentage change requested for the plan year.	Yes	See the file "Index & Plan Comparison" included as a separate document in SERFF

Number	Data Element	Requirement Description	Individual and Small Group	
			Has the Data Element Been Included?	Location of the Data Element
41	CCIIO Risk Adjustment Transfer Elements Extract (RATE 'E')	Received directly from CCIIO; this report should be completed and submitted by the set deadline for QHP submissions, or by April 30 <sup>th</sup> of the current year, whichever is first.	Yes	See the Rate 'E file included as a separate document in SERFF
42	Additional Requirements for Stand-Alone Dental Plan Filings	Provide the following for stand-alone dental plan filings:  • Identification of the level of coverage (i.e. low or high), including the actuarial value of the plan determined in accordance with the proposed rule;  • Certification of the level of coverage by a member of the American Academy of Actuaries using generally accepted actuarial principles; and  • Demonstration that the plan has a reasonable annual limitation on cost-sharing.	No	Not applicable

## **CERTIFYING SIGNATURE**

The undersigned representative of the organization submitting this rate filing attests that all items c	ontained in the above checklist have been included in the
filing to the best of the company's ability.	
	Dwayne Lucado Date: 2017.05.01 14:36:35 -04'00'
Dwayne Lucado	Date: 2017.05.01 14:36:35 -04'00'
(Print Name)	(Signature)